partnerships
British Columbia

BCHealthCare

Request for Expressions of Interest

Abbotsford Hospital and Cancer Centre

January 23, 2003

This project is a combined initiative of the
- Provincial Ministry of Health Services
- Fraser Valley Regional Hospital District
- Fraser Health Authority
- Provincial Health Services Authority
- BC Cancer Agency

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1. INTRODUCTION

1.1 Abbotsford Hospital and Cancer Centre

As part of British Columbia's public healthcare system, a new 300 bed regional hospital and cancer treatment centre is proposed for Abbotsford, British Columbia (the "AHCC"). The AHCC will include:

- Everything required for a commissioned and fully operational regional hospital and cancer treatment centre, including all associated equipment, parking, other facilities and infrastructure (collectively the "Facility").
- Ongoing Facility operation, repair, maintenance and replacement.
- Clinical services, clinical support, and non-clinical services for the Facility.

The AHCC will replace the existing acute care portion of the Matsqui-Sumas-Abbotsford Hospital (the "Existing Hospital") and will provide healthcare services to Abbotsford and its surrounding area as well as specialized referral services to the entire province. These services include: MRI services; general surgery and all in- and out-patient surgical services, including nuclear medicine; a full renal dialysis program; level two obstetrics and nursery; pediatric services; and special adult medical services. The cancer centre will provide much needed cancer diagnosis and treatment services.

General background information about the AHCC and primary stakeholders in the Project can be found at the website addresses listed in Section 1.5.

1.2 Project

Part of the delivery of the AHCC involves the financing, design, development, construction, equipping, operation, provision of non-clinical services, and maintenance of the Facility (this part of the AHCC referred to herein as the "Project"). The Project does not include the provision of clinical services. Participation of the private sector, on a Public-Private Partnership or P3 basis, is sought for the Project but not for the provision of clinical services.

Partnerships BC is managing the procurement of the Project on behalf of the Province.

The Project will be the first complete major acute care hospital and cancer centre in the province developed through a P3 project implementation process. Partnerships BC is seeking to create a synergy between the professional, medical and clinical expertise of British Columbia's healthcare system, and the financing, construction and technical expertise and innovative operational practices of the private sector. Partnerships BC believes that the creativity, synergies and flexibility afforded by a P3 implementation process for the Project will allow the AHCC to proceed and provide effective and efficient healthcare services over the long term for the best overall value.

1.3 Purpose of REOI

This Request for Expressions of Interest (REOI) invites Respondents to submit a written expression of interest (EOI) confirming their interest in participating in the Project, and demonstrating their capability, experience, expertise, capacity and commitment to develop and operate infrastructure components of a hospital and cancer centre to world class standards.

From the EOIs received prior to the Closing Time, Partnerships BC proposes to select up to a maximum of four Respondents to become the Proponents who will receive the RFP and submit a Proposal in response to the RFP. Only those Respondents who are expressly invited to become Proponents in accordance with this REOI will be eligible to submit Proposals.

Parties interested in submitting an EOI and competing to become one of the Proponents must:

- Complete and submit a Registration Form and the registration fee.
- Submit their EOI in accordance with the requirements of this REOI, on or before the Closing Time specified in Section 5.3.

EOIs will be evaluated as described in this REOI.

1.4 Definitions

Terms used in this REOI and defined in the attached Appendix 1 - Definitions have the meanings given to them in Appendix 1.

1.5 General Background Information

General background information about the AHCC and primary stakeholders in the Project can be found at the following website addresses:

Name	Website Address
AHCC	http://www.fraserhealth.ca/ABOUT/Initiatives/AHCC
BC Bid	http://www.bcbid.gov.bc.ca/data/itqs/PBC_AHCCP3C.htm
BCCA	http://www.bccancer.bc.ca
FHA	http://www.fraserhealth.ca
Fraser Valley Regional District	http://www.fvrd.bc.ca/
Ministry of Health Services	http://www.gov.bc.ca/healthservices/
Partnerships BC	http://www.partnershipsbc.com
PHSA	http://www.phsa.ca

The information at such websites may have been superseded since the date it was first posted on the website.

2. AHCC OVERVIEW

2.1 Vision and Guiding Principles

The best medical care requires attention to "intangible" factors of recovery contributing to a healing environment, such as family involvement in patient treatment and the integration of amenities such as green space and quiet areas in healthcare facilities. The "Project Vision and Guiding Principles" developed for the AHCC incorporate these and other factors.

Project Vision

Together we will create an innovative environment that inspires caring and the pursuit of knowledge and excellence

Guiding Principles

Develop and maintain a healing and aesthetically pleasing environment that is sensitive to diversity

Design care processes that optimize patient, client and family satisfaction

Foster a safe, comfortable and productive work environment that promotes provider recruitment, retention and satisfaction

Create a flexible and adaptable design to accommodate future structures, processes, care delivery systems and technological needs

Build and promote partnerships that improve effectiveness and efficiency

Maximize cost effectiveness and the use of available resources

Develop and apply integrated resources to enable:

- *Seamless and sustainable care and support for patients and families;*
- *Effective exchange of information;*
- *Sharing of technology and services; and*
- *The ongoing learning and the development of new knowledge.*

Use technologies as a tool to improve cost effectiveness, integration of services and health outcomes

Maintain the individual identities of the FHA and PHSA/BCCA while sharing resources and providing seamless services

Minimize impact on the natural and physical environment

2.2 Role of AHCC

Built in 1953 and not renovated since 1980, the acute care portions of the Existing Hospital are now functionally and physically obsolete.

The AHCC will have a total building gross area in excess of 52,000 m^2 and is located in a rapidly growing area of the province. The hospital part of the AHCC will have 300 beds and provide expanded state of the art medical treatment, and the cancer treatment part will provide state of the art cancer treatment services. In addition to the AHCC providing healthcare services to Abbotsford and the surrounding area, the cancer centre will provide specialized referral services to the entire province.

When completed, the AHCC will fulfil the following major roles:

- AHCC will continue the Existing Hospital's role as a community health centre, which includes a coordinated network of on site and off site health related services. The latter may include outreach services of FHA or community based services operated by other agencies.

- AHCC will add a number of new programs to augment and enhance existing programs and to better rationalize service delivery on a regional basis. Strong inter-regional relationships with other regions will also be maintained to ensure timely and appropriate access to healthcare services not available within its area.

- AHCC will include a new BCCA regional cancer centre, which together with the Surrey and Vancouver Cancer Centres will serve the population of the Lower Mainland and other parts of the province.

- AHCC will serve as a regional referral centre to provide secondary care and cancer services for community hospitals and health centres.

2.3 Planning Objectives and Proposed Bed Configuration

Planning objectives for the Project include the development of a site plan and the development and construction of a Facility which will allow AHCC to fulfil its role described in Section 2.2 and will:

- Support the Project Vision and Guiding Principles set out in Section 2.1.

- Support the region's anticipated health needs for the first 15 years.

- Have the flexibility to adapt to unanticipated changes in the provision of healthcare services and demand over time and throughout the life of the Project Agreement.

- Be operationally efficient in the delivery of healthcare services.

- Address the needs of patients, staff and visitors, including allowing for involving patient's family/significant others, allowing for developing care that is patient or client centred, allowing for delivering care in the most appropriate setting by care teams, and allowing for delivering care in a "holistic" manner where the patient is considered as a whole and not treated just for specific problems.

The following table illustrates the configuration of beds at the Existing Hospital as of 2002, and the configuration envisioned for beds at the new AHCC to the year 2007 and 2015.

Table of Existing and Planned Beds

Type	Existing Hospital	AHCC	
	Existing Beds 2002	Planned Beds 2007	Future Beds 2015
GENERAL PURPOSE UNITS			
Medical	60	132 combined	140 combined
Surgical	24		
Surgical Step Down	4	8	10
Oncology	-	5	10
Sub-Total General Purpose Units	88	145	160
SPECIAL PURPOSE UNITS			
Obstetric, Ante/ Postpartum/LBRP	17	24	28
Pediatric	18	18	18
Psychiatric	20	33	40
Intensive/Coronary/Telemetry	22	27	34
Palliative	-	7	10
Subtotal, Special Purpose Units	77	109	130
Total Beds	165	254	290
NEONATAL CARE			
Special Care	5	7	10
Total Isolettes	5	7	10
TOTAL	170	261	300

2.4 General Summary of Facility Requirements

Projected workloads, staffing levels and space accommodation requirements for the AHCC are summarized in Appendix 4 - Facility Requirements Summary. Based on that information, it is projected that approximately 900 parking stalls may be required. All projections are preliminary

and indicative of general orders of magnitude only. Similar general background information can be found at the AHCC website given in Section 1.5.

2.5 Promotion of Education and Research

The AHCC will host both undergraduate and graduate students from medical and nursing programs and will accommodate the practicum phases of curricula for technical and professional trainees in allied health disciplines.

On site clinical research will be actively promoted at the AHCC. Clinical research protocols will encompass epidemiological type studies as well as clinical trials. The latter may be coordinated through established clinical programs or may be conducted as independent protocols.

2.6 Site Location, Size and Zoning

The AHCC will be located on a 25 acre (approximately 10 hectare) site in Abbotsford, B.C. currently owned by FHA.

The site is bounded on the west by Gladwin Road, on the north by Marshall Road, on the south by Highway 1, and on the east by residential development. The site is a rectangular area, approximately 392 metres by 263 metres. It consists of two relatively level benches to the west and east, with sloping transition areas between. The elevation difference between the two benches is approximately 10 metres.

A photograph of the site is attached as Appendix 2 - Site Plan and Photo.

The legal description of the site is:

> Parcel Identifier: 004-200-845
> Lot 152 Except: Part Subdivided by Plan 76693;
> Section 16 Township 16
> New Westminster District Plan 50761

The site is being rezoned to a P8 Health Campus Zone. This zoning will allow use for a public hospital as well as certain other defined uses including for accommodation, assembly, civic, commercial (including retail), community services, congregate apartment residential, industrial, office, personal care and residential (dormitory).

As a condition of rezoning, a Development Covenant and Services Covenant will be concluded with the City of Abbotsford. Details on these and other requirements will be provided with the RFP.

2.7 Existing Hospital Site

All of the Existing Hospital's acute care treatment facilities will be moved to AHCC, after which the Existing Hospital is no longer needed and can be converted to an alternate use or demolished for site redevelopment. It is anticipated that the 150 bed Worthington and Cottage Pavilions on

the Existing Hospital site, however, will remain and continue to operate. The Basic Facilities and Services include services to these facilities.

As noted in Section 3.2, an opportunity exists to use and re-develop the Existing Hospital site in conjunction with the AHCC if it will provide better overall value to the province. The City is currently updating its Official Community Plan which will allow some alternate uses of the Existing Hospital site and may enhance this potential opportunity.

2.8 City Contact

General information about the City of Abbotsford and its development processes and requirements is available at http://www.city.abbotsford.bc.ca/.

During the EOI Stage, Respondents and the Respondent Team Members shall not communicate with the City regarding any aspect of the Project.

3. PROJECT SCOPE

3.1 Basic Project Scope

The basic scope of the Project for which long term agreements on a P3 basis are proposed with the private sector includes the following:

- Design, development, construction, operation and long term maintenance of the Facility, including associated buildings, parking, infrastructure and site planning, in such a manner and with sufficient flexibility that it will accommodate future clinical workloads, and future changes in clinical practice, technology and service delivery;

- Provision, maintenance, repair and, as appropriate, upgrading of all physical plant and plant maintenance equipment, and all lighting, fixtures, equipment, building finishes and furnishings required both to obtain an occupancy permit for the Facility and to allow the Facility to be used for its purposes, save and except only that specific medical equipment which will be specified to be provided and maintained by others;

- Provision, maintenance, repair and, as appropriate, upgrading of a fibre optic backbone or wireless media, including all cabling and power points, for the information management and technology systems which will be initially installed; and

- Provision of the Basic Facilities and Services, as described in Appendix 3 - Basic and Optional Facilities and Services

The Project site will be made available to the successful Proponent through a long term land tenure agreement. The successful Proponent will be responsible for providing all financing for the Facility, including in respect of changes that may arise prior to completion of the Facility or during the concession period. At the end of the concession period the Facility will be turned over in good condition in accordance with the applicable agreements. Longer term private tenure may be available for any ancillary and commercial facilities which Proponents may wish to propose that are in addition to the Facility (such as those referred to in Section 3.3).

3.2 Optional Project Scope

Partnerships BC has identified some specific opportunities which may be of interest to some or all Respondents (the "Optional Facilities and Services"), such as the development and use by the successful Proponent of excess lands not required for the Facility (e.g. for additional campus, office and/or retail space developed and managed by the successful Proponent). These Optional Facilities and Services are described in Appendix 3 - Basic and Optional Facilities and Services.

Respondents are requested to indicate in their EOIs which, if any, of the Optional Facilities And Services in Appendix 3 are of interest to them and which, if selected as a Proponent, they would like the opportunity to pursue as part of the Project. The level and type of response received will

be used by Partnerships BC to gauge the interest of the private sector in these items and the manner in which these opportunities will be included in the RFP.

The extent to which a Respondent indicates an interest in any one or more of the Optional Facilities and Services, however, will not be taken into account in the evaluation or ranking of EOIs.

3.3 Additional Opportunities

Opportunities may also exist to enhance the value of the Project through entrepreneurial development strategies, such as:

- Innovative approaches to parking and parking management;
- Innovative approaches to flood control and storm water management;
- Development of power co-generation facilities; and
- Development and use of geothermal resources.

During the RFP stage Proponents will be encouraged to consider these and other opportunities if they believe they could enhance the value of the Project and reduce the annual AHCC costs to the public sector. Partnerships BC is interested in receiving innovative Proposals that reduce short term and long term operating costs to the public sector.

3.4 Project Agreement

The RFP will include a Project Agreement. The Project Agreement will form the basis of Proposals to be submitted in response to the RFP.

During the RFP stage, Proponents will have the opportunity for reviewing and commenting on the Project Agreement. Proponents will be expected to involve their funding partner in this process. The comments will be considered and taken into account by Partnerships BC in the process of finalizing the Project Agreement prior to the closing date for submission of Proposals.

Prior to appointing the Final Proponent all key aspects of the Project Agreement will be agreed and finalized.

The Project Agreement will include, among other things, provisions addressing the following:

- Site: The site will be made available for the Project.
- Term: The term will be not less than 20 years.
- Funding: The successful Proponent will be required to provide all financing for the Project, including construction and long term financing.

- Risk Allocation: Allowances will be made for changes in law, changes required by Partnerships BC and delays caused by Partnerships BC.

- Performance Requirements: Short-term and long-term performance requirements (e.g. Facility availability, operation and maintenance standards, etc.) will be specified.

- Payment Mechanism: The payment mechanism will be specified. Payments will commence upon completion of the Facility, and after commissioning requirements for occupancy and use of the Facility have been satisfactorily completed. The payment mechanism will take into account deductions for failing to meet performance requirements during the term of the Project Agreement.

4. PROJECT IMPLEMENTATION PROCESS

4.1 Overview

The implementation process for the development of the Project (the "Project Implementation Process") is comprised of six stages:

- **Stage 1 - EOI Stage:** This stage commences when the REOI is issued, inviting Respondents to submit EOIs. It includes the evaluation and ranking of EOIs, during which a maximum of four Respondents will be selected to participate in the Proposal stage. The EOI Stage ends when the Proponents who will be invited to participate in the Proposal stage have been identified and confirmed in writing by Partnerships BC.

- **Stage 2 - Proposal Stage:** This stage commences when the RFP is issued. The Respondents will be required to execute a proposal competition agreement (which will be distributed prior to the Closing Date for submission of EOIs) pursuant to which they contractually commit to prepare and submit a Proposal. That commitment will be secured by a security deposit in the form of a clean letter of credit in a prescribed form in the amount of CDN$250,000. This stage includes the evaluation and ranking of Proposals, during which a maximum of two Proponents (the "Final Proponents") will be selected to proceed to and participate in the Final Proposal Stage. The two unsuccessful Proponents will have their security deposit returned.

- **Stage 3 - Final Proposal Stage:** This stage commences when the Final Proponents have been identified and confirmed in writing by Partnerships BC. At the commencement of this stage, the Final Proponents will be required to increase their security deposit to CDN$1 million. During this stage the Final Proponents will in accordance with the RFP advance their designs and other portions of their Proposals, negotiate and finalize the commercial terms of the Project Agreement, and submit a comprehensive, detailed and final proposal (the "Final Proposal") for the Project. It includes the evaluation and ranking of the Final Proposals and the identification of the highest ranked Final Proposal (the "Preferred Proposal") and Final Proponent (the "Preferred Proponent"). This stage is comparable to the best and final offer (BAFO) stage sometimes referred to in process documents for other P3 projects.

- **Stage 4 - Contract Finalization Stage:** This stage commences when the Preferred Proposal and Preferred Proponent have been identified and confirmed in writing by Partnerships BC. During this stage, final due diligence will be completed by all parties and the Project Agreement and other agreements will be finalized and prepared for execution. If all outstanding matters and all outstanding contract terms and conditions are finalized to the complete satisfaction of Partnerships BC, it is intended to award a contract (the "Project Agreement") for the Project to that Preferred Proponent, subject only to the Financial Close. At this time, the security deposit will be returned to both Proponents. If everything is not finalized to the complete satisfaction of Partnerships BC,

the security deposit will be retained as liquidated damages and the other Final Proposal and Final Proponent will become the Preferred Proposal and Preferred Proponent, and the process will be repeated.

- **Stage 5 - Financial Close Stage:** This stage overlaps with the end of the Contract Finalization Stage. It includes the finalization by the Preferred Proponent of all documentation required for the provision of financing for the Project. This stage ends upon Financial Close.

- **Stage 6 - Project Development Stage:** This stage commences on Financial Close and ends when the Facility is complete and occupation and use of the Facility commences.

The Project Implementation Process will be described in detail in the RFP and is subject to such modifications and amendments as Partnerships BC at its discretion may require.

4.2 Project Implementation Timetable

It is anticipated that the Project will be implemented generally in accordance with the following timetable:

Stage of Project Implementation Process	Target Date/Month
Stage 1 - EOI Stage	
Registration for Information Meeting	Information Meeting Registration Date
Information Meeting	February 24, 2003 (tentative)
Deadline for Submission of EOI	Closing Time
Evaluation of EOIs and selection of Proponents	May 30, 2003
Stage 2 - Proposal Stage	
Sign Proposal Competition Agreement	June 2003
Issue RFP	June 2003
Proposals Submitted	October 2003
Evaluation of Proposals and selection of Final Proponents	December 2003
Stage 3 - Final Proposal Stage	
Final Proposals Submitted	April 2004
Evaluation of Final Proposals and selection of Preferred Proponent	July 2004

Stage of Project Implementation Process	Target Date/Month
Stage 4 - Contract Finalization Stage	
Finalization and award of Project Agreement with Preferred Proponent	October 2004
Stage 5 - Financial Close Stage	
Financial Close	October 2004
Stage 6 - Project Development Stage	
Commencement of Construction	October 2004
Occupancy of Facility	December 2007

5. EOI INSTRUCTIONS

5.1 Registration Form and Fee

Parties interested in submitting an EOI must complete and submit the Registration Form provided on the BC Bid website identified in Section 1.5 (http://www.bcbid.gov.bc.ca/data/itqs/PBC_AHCCP3C.htm), together with the required registration fee of CDN$ 250, to BC Bid in accordance with the instructions on the website. The Registration Form and registration fee are mandatory and required for interested parties to attend the Information Meeting, participate in the EOI Stage and submit an EOI.

Only those parties who have completed and submitted the Registration Form and registration fee will receive copies of any addenda that may be issued by Partnerships BC, or any correspondence that may be issued by Partnerships BC to Respondents.

If a Respondent wishes to attend the Information Meeting, it must confirm this by electronically submitting the Registration Form (on the BC Bid website) to BC Bid by Wednesday, February 12, 2003 (the "Information Meeting Registration Date") so that Partnerships BC can finalize appropriate arrangements for the Information Meeting. The completed Registration Form must indicate the representatives (to a maximum of 5) of the Respondent that will be present. In the event of space and logistical constraints, Partnerships BC reserves the right to deny attendance at the Information Meeting to anyone who registers after that date.

5.2 Information Meeting

Partnerships BC will schedule one (or at its discretion more than one) information meeting (the "Information Meeting") for those Respondents who have submitted the Registration Form and registration fee as specified in Section 5.1 that they wish to attend the Information Meeting.

The Information Meeting is tentatively scheduled for Monday, February 24, 2003. The final date and schedule for the Information Meeting will be confirmed by written notice to all parties who have submitted a Registration Form and paid the registration fee.

Attendance at the Information Meeting is optional.

Seating will be allocated and based on the order in which registration fees are received by BC Bid. Partnerships BC reserves the right to deny attendance to anyone who is not reasonably anticipated by Partnerships BC to be a representative of a Respondent or Respondent Team Member.

As seating and facilities may be limited, attendance will initially be restricted to five persons from each party who has completed and submitted the required Registration Form and registration fee. If a registrant wishes to have additional representatives present, this should be requested of the Contact Person in writing together with a list of the additional representatives, listed in order of preference for attendance. If adequate seating and facilities exist to

accommodate additional representatives at the Information Meeting, three days prior to the Information Meeting those seats will be distributed pro rata amongst those registrants who requested that additional representatives be present, until all available seats are allocated.

The Information Meeting may include tours of the new site, the Existing Hospital, and the Cancer Centre in Surrey for registered parties and their representatives.

At its discretion, Partnerships BC may create, and circulate to all parties that submitted the specified Registration Form and paid the required registration fee, a written summary of information presented at the Information Meeting, including questions asked and answers given. Such documentation will be for general information only and will not be binding on Partnerships BC except to the extent it is subsequently expressly included in an addendum to the REOI, and subsequently expressly included in the RFP as the RFP will supersede and take precedence over the Information Meeting.

5.3 Closing Time and Place

EOIs must be received at the following address, addressed to the person indicated (the "Contact Person"), on or before the following time (the "Closing Time"):

DATE: March 31, 2003
TIME: 4:00 P.M. (local Vancouver, B.C. time)

PLACE: Abbotsford Hospital and Cancer Centre
Project Office
34194 Marshall Road
Abbotsford, British Columbia
Canada V2S 5E4

Attention: Walter Hiller

Faxed or electronic EOIs will not be accepted in response to this REOI.

EOIs received after the Closing Time will not be considered and will be returned unopened.

5.4 Amendments

EOIs may be amended by Respondents only in writing. All amendments must be received by Partnerships BC prior to the Closing Time, at the place for delivery of EOIs.

Amendments (but not the original EOI) may be submitted by fax, subject to the following:

- The fax must be addressed to the Contact Person, sent to the Contact Person's fax number as specified in Section 5.5, identify the name of the Respondent, and clearly indicate that it is an amendment to the EOI previously submitted by that Respondent.

- Respondents assume the entire risk that equipment at the receiving office of the fax may be busy prior to the Closing Time and not available, that the equipment at the receiving office is set to the correct time and is functioning properly at the time the fax is transmitted, and that both the equipment and staff at the receiving office of the fax will properly receive the fax containing the amendment before the Closing Time. For purposes of the foregoing, if the fax is received and printed on the receiving fax machine, the time of receipt printed on the last page of the fax as received by the receiving fax machine shall be deemed to be the time of receipt.

- Partnerships BC, its servants, consultants and agents, assume no risk, responsibility or liability whatsoever that any fax will be received either as transmitted or at all, and shall not be liable to any Respondent or anyone else if, for any reason, a fax is not properly received prior to the Closing Time.

5.5 Inquiries

All inquiries and communications regarding this REOI shall be directed to the Contact Person only, at the address specified for the Closing Time in Section 5.3, by mail or fax (to 604 556 5077).

Telephone conversations and e-mail communications are discouraged. To the extent practicable, all inquiries should be in writing and written responses will be provided. Partnerships BC reserves the right to not respond to a question by a prospective Respondent if Partnerships BC does not consider that such question or response is material to the REOI process.

Written responses to inquiries will be distributed to all Respondents unless the inquiry is of a minor or administrative nature that in Partnership BC's opinion is not likely to be material to other Respondents. As such, in an inquiry Respondents should not submit materials they consider to be proprietary.

Any information obtained by a Respondent other than from Partnerships BC as an addendum to the REOI, and other than as a written response to an inquiry in accordance with the foregoing, shall not be relied upon by the Respondent and any reliance upon such information is at the Respondent's sole risk.

5.6 Addenda

This REOI may be amended by addenda from time to time by Partnerships BC at its discretion. All such addenda shall be in writing, issued by Partnerships BC, and expressly identified as an addendum to this REOI.

6. EOI EVALUATION

6.1 EOI Scoring Matrix

EOIs will be evaluated in accordance with the following evaluation scoring matrix, which describes the evaluation categories that will be used and the maximum points that will be awarded for each category:

EOI Submission Guideline Ref.	Evaluation Category	Maximum Points
1	**Respondent Team, Organization and Approach**	30
2	**Design Team**	20
3	**Constructor**	20
4	**FM Service Provider**	20
5	**Other Respondent Team Members**	10
	TOTAL:	100

6.2 EOI Evaluation Committee

EOIs will be evaluated by a committee ("Evaluation Committee") established by Partnerships BC. Partnerships BC will set the number of members of the Evaluation Committee and will appoint its members. Appointments to the Evaluation Committee are at the sole discretion of Partnerships BC, and may include employees or representatives of Partnerships BC, the Province, FHA, PHSA and BCCA.

6.3 Technical Advisors

The Evaluation Committee may consult with, and in its evaluation and scoring of EOIs, consider the comments and recommendations in respect of EOIs (or any parts of EOIs referred to them by the Evaluation Committee) from technical consultants and advisors ("Technical Advisors"), including engineering, architectural, financial, legal, operating, marketing and other consultants and advisors. The Evaluation Committee will appoint the Technical Advisors in relation to such aspect or aspects of the EOIs as the Evaluation Committee determines at its discretion.

6.4 Process Monitor

Partnerships BC will appoint a process monitor (the "Process Monitor") to monitor the evaluation process undertaken by the Evaluation Committee, the ranking of the EOIs, and the

selection of the Proponents who will be invited to enter into the RFP stage of the Project Implementation Process. The Process Monitor will report only to Partnerships BC.

6.5 Preliminary Evaluation

If more than six EOIs are received, the Evaluation Committee will perform a preliminary evaluation of each EOI. The Evaluation Committee, at its sole discretion, then has the right to reject from further evaluation and consideration any EOI that is materially incomplete or that does not demonstrate from a preliminary evaluation, to the satisfaction of the Evaluation Committee, that the Respondent and Respondent Team have the necessary and sufficient capability, experience, expertise, capacity and commitment to develop and operate the Project when its EOI is compared on a preliminary basis to all other EOIs received. In deciding whether to reject any EOI from further evaluation and consideration, the Evaluation Committee will apply the same threshold criteria to all EOIs.

6.6 Clarifications and Additional Information

The Evaluation Committee has the option and reserves the right at its discretion to request from time to time additional information or clarification from any Respondent after the Closing Time and prior to the completion of the evaluation, scoring and ranking of EOIs. Without limiting the generality of the foregoing, such requests may be made for information that has been partially or completely omitted from the EOI. The Evaluation Committee, however, shall have no obligation to request any additional information or clarification or missing or deficient information.

If the Evaluation Committee requests additional information or clarification, such requests will be prepared by the Contact Person and forwarded to the applicable Respondent. The Evaluation Committee may consider and take into account any and all additional information or clarification provided by a Respondent to the Contact Person in response to such requests in the same manner and to the same extent as if that information or clarification was originally part of the EOI.

Any information provided after the Closing Time that is not in response to a written request in accordance with the foregoing will not be considered by the Evaluation Committee.

6.7 Waiver of Non-Conformities

Partnerships BC reserves the right at its discretion to refuse to consider, to remove from the evaluation process entirely, and to reject outright any EOI which in the opinion of Partnerships BC is materially incomplete, obscure or irregular, which contains exceptions or variations not acceptable to Partnerships BC, or which omits any material information required to be submitted by the REOI.

Notwithstanding the foregoing, and without limiting but in addition to the provisions of Section 6.6, if an EOI is received which in the opinion of Partnerships BC is materially incomplete, obscure or irregular, which contains exceptions or variations not acceptable to Partnerships BC, or which omit any material information required to be submitted by the REOI, then Partnerships BC at its sole discretion (but taking into account the number of compliant EOIs

that were actually received) reserves the right to waive such non-conformance with the requirements of the REOI on such terms and conditions as Partnerships BC may consider appropriate, even if any such non-conformance or failure to comply with the requirements of this REOI would otherwise render the EOI null and void, and submit the EOI to the Evaluation Committee for review and evaluation, in which case the provisions of Section 6.6 shall apply.

6.8 EOI Interviews

The Evaluation Committee has the right at its discretion to invite any one or more of the Respondents to meet with the Evaluation Committee to provide further explanation and clarification of their EOIs. The Evaluation Committee is not required to have such meetings with all Respondents.

6.9 EOI Evaluation and Scoring

EOIs will be evaluated and scored by the Evaluation Committee in accordance with the following:

- EOIs will be reviewed and evaluated in accordance with the evaluation categories and maximum points set out in the evaluation scoring matrix in Section 6.1.

- Prior to its evaluation of EOIs the Evaluation Committee will meet and establish the evaluation and scoring criteria and methodology that it will use for each evaluation category, including the allocation of points within a category. The evaluation and scoring criteria and methodology established for each category will be at the discretion of the Evaluation Committee, and will take into account among other things the Evaluation Committee's consideration of the extent to which the EOI demonstrates relevant capability, experience, expertise, capacity and commitment, and other characteristics and traits (in the opinion of the Evaluation Committee) considered necessary to successfully complete the Project on schedule and within budget. The evaluation and scoring criteria and methodology will favour prior successful experience with relevant projects of comparable size and complexity as the Project.

- EOIs will be evaluated and scored based on their content, any clarifications or additional information provided in writing in response to written questions by the Evaluation Committee through the Contact Person pursuant to Sections 6.6 and 6.7, and the results of interviews, if any, of the Respondents by the Evaluation Committee (including any clarifications or additional information provided in the interview) and any reference checking.

- In the evaluation and scoring of EOIs, members of the Evaluation Committee may but are not required to take into account their personal knowledge and experience, if any, with the Respondents or any of the Respondent Team Members. Respondents should not, however, assume that other than as expressly included in the EOI, members of the Evaluation Committee have any knowledge of the Respondent or the Respondent Team

Members, or their respective experience, expertise or performance on other projects. Further, the Evaluation Committee at its discretion may pursue independent inquiries of the Respondent's and each of the Respondent Team Member's past work history and credit history, including obtaining references for projects not listed in the EOI, and consider the results in its evaluation.

- The Evaluation Committee may, at its sole discretion, itself or through the Technical Advisors independently verify any information contained in any EOI (including conducting credit, reference and other checks).

6.10 EOI Ranking and Identification of Proponents

When the Evaluation Committee has completed its evaluation and scoring of the EOIs, it will provide Partnerships BC with its ranking of EOIs, together with the score received by each EOI. At its discretion, or at the specific request of Partnerships BC, the EOI Evaluation Committee may provide Partnership BC with its comments and recommendations regarding any one or more of the EOIs.

Partnerships BC will select up to four Respondents, in order of their ranking, to become the Proponents who will enter the RFP stage of the Project Implementation Process. The number that will be selected may depend on the spread of scores awarded by the Evaluation Committee to the EOIs, and any comments and recommendations received from the Evaluation Committee.

If not more than four EOIs are received, Partnerships BC reserves the right at its discretion to bypass the evaluation process and allow all Respondents to proceed to the Proposal stage of the Project Implementation Process, in which case the evaluation of qualifications and experience will be deferred until after Proposals are submitted. In such case, Partnerships BC may request the Evaluation Committee to perform a preliminary evaluation of the EOIs to ascertain whether any EOIs are materially incomplete or fail to demonstrate, to the Evaluation Committee's satisfaction, that a Respondent and its Respondent Team Members have the necessary or sufficient capability, experience, expertise, capacity and commitment to develop and operate the Project, particularly when compared on a preliminary basis to all other EOIs received. If the Evaluation Committee advises Partnerships BC that an EOI received is materially incomplete or fails to demonstrate the necessary or sufficient qualifications and experience, Partnerships BC may disqualify or reject that Respondent without further consideration, and proceed to the RFP stage with the other Respondents.

The order of ranking, and the scores awarded to each EOI, shall be confidential and not disclosed to the Respondents. During any de-briefing with unsuccessful Respondents, only the relative strengths and weaknesses of their EOIs, in general terms, will be disclosed.

7. EOI SUBMISSION REQUIREMENTS

7.1 General

There are no "mandatory" requirements for the contents of EOIs.

In preparing and submitting their EOIs, Respondents should use headings that correspond directly with the EOI scoring matrix in Section 6.1 and the EOI Submission Guideline in Appendix 5 - EOI Submission Guideline.

It is up to Respondents to submit as much information as they consider necessary to demonstrate to the Evaluation Committee that their capability, experience, expertise, capacity and commitment to develop and operate the Project are superior to those of the other Respondents who submit EOIs. Although irrelevant and marginally relevant material is discouraged, Respondents should not assume that members of the Evaluation Committee are familiar with the Respondents or their reputations and so EOIs should be as complete and comprehensive as reasonably possible.

7.2 EOI Submission Guideline

EOIs should conform to and provide all of the information requested or indicated in Appendix 5 - EOI Submission Guideline.

In reviewing the EOI Submission Guideline and preparing the EOI, each Respondent should ensure that it adequately and comprehensively demonstrates, among other things but in particular the capability, experience, expertise, capacity and commitment to develop and operate the Project, and the previous project experience, of the Respondent and its Respondent Team Members that is relevant to the Project. Particular emphasis should be placed on prior P3 project experience, if any, with hospitals of a comparable size that deliver comparable healthcare services to those contemplated for AHCC as described in this REOI. Respondents should demonstrate they are familiar with the challenges faced by the Project and can successfully complete the Project on schedule and in a manner that is mutually beneficial to all parties concerned.

Respondents may depart from the EOI Submission Guideline but should try to ensure that all information is organized and submitted under the evaluation categories specified in Section 6.1. If information is relevant to more than one evaluation category in Section 6.1, Respondents should ensure that either the information is duplicated in each relevant category of the EOI or that the EOI contains appropriate cross-references under each category. Otherwise, the Respondent runs the risk that, in evaluating and scoring a category, relevant information elsewhere in the EOI may be overlooked by the Evaluation Committee.

7.3 Format and Length

EOIs should be accompanied by a transmittal letter in which each Respondent confirms that, if invited by Partnerships BC to enter the Proposal Stage of the Project Implementation Process, the Respondent will execute the proposal competition agreement, and prepare and submit a Proposal for the Project and the required security deposit in accordance with the RFP to be issued by Partnerships BC. The transmittal letter should also confirm that the signatory is authorized on behalf of the Respondent and Respondent Team Members to submit the EOI on their behalf.

Each EOI should be submitted bound or in a 3-ring binder, preferably double-spaced on single sided pages, on 8.5"x 11" or A4 size paper. EOIs should not contain text smaller than courier 10 or times roman 12 typeface or equivalent (i.e. 12 cpi).

Although there is no page limit on EOIs and Respondents are encouraged to submit as much relevant information as they consider necessary, EOIs should not exceed 200 pages in length, excluding corporate annual reports, brochures, resumés, CVs and similar pre-published supporting information. The Evaluation Committee, in evaluating and scoring EOIs, may take into account the extent to which the EOI contains extraneous materials, lacks focus and otherwise demonstrates a lack of ability to clearly and concisely organize and provide information in accordance with Section 7.2.

7.4 Number of Copies

Respondents should submit the following:

- One original and eight additional copies of the EOI. One of the copies should be unbound and in a form which will allow reproduction.

- A CD-ROM containing the entire EOI. The CD-ROM need not be submitted with the EOI but must be received by Partnerships BC no later than seven (7) calendar days after the Closing Time.

7.5 Language

All EOIs shall be written in English.

8. GENERAL

8.1 Eligibility and Conflict of Interest

Respondents may be individuals, corporations, joint ventures, partnerships, consortia or any other legal entities.

Respondents, including all Respondent Team Members, shall with their EOI disclose any potential conflicts of interest and existing business relationships they may have with Partnerships BC, the Province, FHA, PHSA and BCCA, and/or any other bodies or organizations of which they are aware that are directly or indirectly involved with the AHCC on behalf of the public sector.

As a result of their direct involvement in the AHCC, the following parties are not eligible to participate as members of or advisors to a Respondent or a Respondent Team Member:

- BTY Group
- Bush Bohlman and Partners
- Capital Works Inc.
- CitiWest Consulting Ltd.
- Corporate Performance Systems Inc.
- Ernst & Young
- Fasken Martineau DuMoulin LLP
- Field and Martin
- Infrastructure Project Partners
- Keen Engineering Ltd. (mechanical engineering group only)
- Network Management Corporation
- Partnerships U.K.
- RPG - Resource Planning Group Inc.
- Stantec Architecture Ltd.
- Stantec Consulting (electrical engineering group only)
- Team One Management Inc.

Certain consultants (such as Pricewaterhouse Coopers LLP, Stantec Consulting and Keen Engineering Ltd.) previously provided work and services to or on behalf of FHA, PHSA and BCCA in connection with earlier phases of the Project. In order for them to have the opportunity of participating as a Respondent Team Member, such consultants have undertaken to implement internal policies and procedures to protect and/or to return or destroy, all confidential information which they obtained from or through FHA, PHSA and BCCA in the performance of such work and services, and to abide by all confidentiality obligations previously imposed on them in relation to such confidential information, work and services. On this basis, notwithstanding any conflict that otherwise may exist, such consultants (e.g. Pricewaterhouse Coopers LLP and those other parts of Stantec Consulting and Keen Engineering) are eligible to

participate as a Respondent Team Member, or as a consultant or advisor to a Respondent or Respondent Team Member.

In addition, Partnerships BC at its discretion may waive the foregoing ineligibility for any one or more of the above listed entities and, in respect to any Respondent Team Member who discloses in an EOI a potential conflict of interest or existing business relationship, waive such potential or actual conflict, upon such terms and conditions as Partnerships BC at its discretion may require, including requiring that the entity or Respondent Team Member put into place adequate safeguards to mitigate the impact of such conflict and to ensure that any and all confidential information it may have continues to be kept confidential and not disclosed or used.

8.2 No Collusion

Respondents and Respondent Team Members shall not discuss or communicate, directly or indirectly, with any other Respondent or any servant, consultant, agent or representative of any other Respondent (including any Respondent Team Member of such other Respondent) regarding the preparation or presentation of their EOIs. EOIs shall be submitted without any connection, knowledge, comparison of information, or arrangement, with any other Respondent or any servant, consultant, agent or representative of any other Respondent (including any Respondent Team Member of such other Respondent).

8.3 No Lobbying

Respondents, any member of a Respondent and Respondent Team Members will not engage in any form of political or other lobbying whatsoever with respect to the Project or to influence the outcome of the Project Implementation Process. Further, no such person shall attempt to communicate directly or indirectly with any representative of Partnerships BC, the Province, FHA, PHSA, BCCA, the Evaluation Committee or the Technical Advisors, or any servant, agent, consultant or representative of any of the foregoing, before or after the Closing Time, other than as expressly directed or allowed by this REOI or Partnerships BC.

In the event of any such lobbying or communication, Partnerships BC at its sole and absolute discretion may at any time, but will not be required to, reject any EOI submitted by that Respondent without further consideration and either terminate that Respondent's right to continue participating in the EOI Stage and subsequent stages of the Project Implementation Process, or impose such conditions on that Respondent's continued participation in the EOI Stage and the Project Implementation Process as Partnerships BC at its sole discretion may consider in the public interest or otherwise appropriate.

8.4 Publicity

To ensure that all publicity is fair and accurate and will not inadvertently or otherwise influence the outcome of the Project Implementation Process, all publicity in relation to the Project, including communications with the press, the media and the public, must be coordinated with and is subject to the prior approval of Partnerships BC, not to be unreasonably withheld. No press releases shall be issued by any Respondent in relation to the Project without first

submitting same to Partnerships BC for review and approval, acting reasonably. Respondents shall notify Partnerships BC of requests for information or interviews from the press and media. The subject and content of all responses to such information requests and to interviews shall be reviewed and coordinated in advance with Partnerships BC in the same manner as press releases. Respondents shall use all reasonable efforts to ensure all of the Respondent Team Members and others associated with the Respondent also comply with these requirements.

8.5 Freedom of Information and Protection of Privacy Act

All documents and other records in the custody of or under the control of some or all of Partnerships BC, the Province, FHA, PHSA and BCCA may be subject to the *Freedom of Information and Protection of Privacy Act*.

Subject to the limitations of the *Freedom of Information and Protection of Privacy Act*, all EOIs and all other documents and other records submitted by a Respondent in connection with the REOI will be considered confidential.

So that no Respondent or Respondent Team Member will obtain a competitive advantage over any other Respondent, every Respondent and Respondent Team Member, by participating in the EOI Stage and submitting an EOI, agrees with each other and with Partnerships BC that if Partnerships BC at its sole discretion believe the motive for any request for information under the *Freedom of Information and Protection of Privacy Act* is to obtain information not already distributed or readily available to other Respondents, or to gain a competitive advantage over any other Respondent, Partnerships BC may without liability either terminate at any time that Respondent's continued participation in the EOI Stage or alternatively impose such conditions on that Respondent's continued participation in the EOI Stage or the Project Implementation Process as Partnerships BC at its sole discretion may consider in the public interest or otherwise appropriate.

8.6 Ownership and Use of EOIs

Unless Partnerships BC otherwise agrees in writing, Partnerships BC shall be entitled to retain and use for the AHCC, without compensation to any Respondent, the EOIs and any additional information submitted, including but not limited to any concept, element or idea (including financial or ownership structures or schemes) disclosed in or evident from the foregoing or which may be revealed during any meetings or interviews with Respondents. If Respondents consider that any such information they may wish to present is unique, innovative and not otherwise known by or available to others, prior to disclosing same Respondents must in writing through the Contact Person request Partnerships BC to agree in advance that such specific unique, innovative and otherwise unknown or unavailable information be kept confidential and proprietary to the Respondent. If Partnerships BC agrees in writing, then it will be kept confidential and proprietary to the Respondent (provided that it is proprietary and not otherwise known in the industry). If Partnerships BC does not agree, Respondents should submit that particular information in general terms only and without revealing the particular aspects of that information considered proprietary by the Respondent.

8.7 Amendments to and Cancellation of Process

Partnerships BC reserves the right at its sole and absolute discretion and without liability to anyone to modify, amend or otherwise change, or to extend (including the Closing Time and the schedule for implementation of the Project), suspend, postpone or cancel, any part of this REOI, the EOI Stage and the Project Implementation Process, at any time and for whatever reason.

8.8 Changes to Respondent or Respondent Team Members

Partnerships BC recognizes that, due to circumstances beyond the control of a Respondent or its members, Respondents may require a change in their proposed members or a change in their proposed Respondent Team Members or other contractors, consultants and others after the submission of the EOI.

If after the submission of an EOI there is an actual or proposed addition, deletion, substitution or other change in the membership of the Respondent, or in the effective control in a Respondent or in any members of the Respondent, or a material adverse change in circumstances that may affect a Respondent or any member of a Respondent, or in a Respondent Team Member, then the Respondent shall promptly notify Partnerships BC in writing by delivery or facsimile to the Contact Person. Such a change, even if after the Closing Time, shall not automatically disqualify a Respondent. Partnerships BC reserves the right at its sole discretion to allow a proposed or actual change, to disallow any proposed change, and in the case of an actual change which has already been made to disqualify the Respondent and terminate its continued involvement. In exercising its discretion, Partnerships BC will take into account the extent to which the addition, deletion, substitution or other change has or may have, in the sole opinion of Partnerships BC, a material adverse impact on the Respondent and its ability, if ultimately awarded a contract for the Project, to successfully complete the Project on schedule and budget. If a change or substitution is allowed by Partnerships BC, the Evaluation Committee may request additional information to form part of the EOI and to be taken into account in the evaluation process, all as described in Section 6.9.

Once Proponents have been identified and notified in accordance with Section 6.10, whether and the extent to which any actual or proposed additions, deletions, substitutions or other changes in the membership of the Proponent, or in the effective control in a Proponent or any members of the Proponent, or any material adverse changes in circumstances that may affect a Proponent or any member of a Proponent, or in a Respondent Team Member, are allowed is at the sole and absolute discretion of Partnerships BC.

8.9 Respondent's Expenses

Respondents are solely responsible and without recourse to Partnerships BC for their own expenses in preparing and submitting an EOI, and for participating in the EOI Stage, including but not limited to attending any interviews by the Evaluation Committee and providing any additional information that may be requested by Partnerships BC or the Evaluation Committee.

Respondent's invited to become Proponents and participate in subsequent stages of the Project Implementation Process will be solely responsible for their costs and expenses, without contribution from or recourse to Partnerships BC.

8.10 Accuracy of Information

Partnerships BC does not represent or warrant the accuracy or completeness of any information set out in the appendices or in any other background or reference information or documents prepared by third parties and made available to Respondents.

Respondents shall make an independent assessment of the accuracy and completeness of such information and with respect to such information shall have no claim whatsoever against Partnerships BC or against its representatives, agents, consultants and advisors.

8.11 No Contract

By submitting an EOI and participating in the process as outlined in this REOI, Respondents expressly agree that no contract of any kind is formed under, or arising from, this REOI.

8.12 No Liability

It is a fundamental condition of this REOI and the participation of anyone in any part of the EOI Stage that Partnerships BC, the Province, FHA, PHSA and BCCA, and their respective officers, employees, consultants and agents, shall not under any circumstances, including pursuant to contract, tort, statutory duty, law, equity or otherwise, or any actual or implied duty of fairness, be responsible or liable for any costs, expenses, loss of opportunities, claims, losses, damages or any other liabilities to anyone, including to any Respondent, member of a Respondent or Respondent Team Member, arising out of or related to the REOI, attendance at any Information Meeting, or the preparation, acceptance or rejection of any EOI (whether conforming or non-conforming and whether otherwise valid or void), or the amendment, cancellation, suspension or termination of the REOI, the proposed RFP, or the Project. Respondents, by submitting an EOI, shall be conclusively deemed to have accepted and agreed to the foregoing.

APPENDIX 1
DEFINITIONS

In this REOI, the following definitions apply:

1. "AHCC" has the meaning given to it in Section 1.1.

2. "Basic Facilities and Services" are those facilities and services described as such in Appendix 3.

3. "BCCA" means the British Columbia Cancer Agency.

4. "Clinical Planner" means the Respondent Team Member who will be the primary clinical advisor responsible for advising the Respondent, Prime Architect and other Respondent Team Members on matters related to the planning and design of facilities from a clinical and healthcare service perspective.

5. "Closing Time" has the meaning given to it in Section 5.3.

6. "Constructor" means the Respondent Team Member who will be responsible for all construction aspects of the Project and, if a design-build contractor, the design of the Project.

7. "Contact Person" has the meaning given to it in Section 5.3, or is such other person appointed from time to time by Partnerships BC.

8. "Design Team" means the Respondent Team Members who are responsible for the design of the Facility and includes but is not limited to the Prime Architect, Clinical Planner, Engineer and other architectural (including landscape), engineering, clinical and other consultants and advisors (including to the extent applicable the Equipment Program Manager and the IT Provider/Manager/Consultant).

9. "Engineer" means the Respondent Team Member who is responsible for all engineering and engineering design of the Project, and where the engineering and engineering design is provided by separate engineering firms for among other things electrical, mechanical, structural and geotechnical means each of those firms.

10. "EOI" means a written expression of interest submitted in accordance with this REOI.

11. "EOI Stage" has the meaning given to it in Section 4.1.

12. "Equipment Program Manager" means the provider, manager, consultant or other entity who will provide, coordinate, advise on or otherwise participate in the Project with the Respondent in respect of facilities or medical equipment procurement, supply, operation and maintenance, including the integration of such equipment into the design and

construction of the Facility, and who may also be identified as an FM Service Provider to provide some or all of the FM Services.

13. "Evaluation Committee" has the meaning given to it in Section 6.2.

14. "Existing Hospital" has the meaning given to it in Section 1.1.

15. "Facility" has the meaning given to it in Section 1.1.

16. "FHA" or "Fraser Health" means the Fraser Health Authority.

17. "Final Proponents" has the meaning given to it in Section 4.1.

18. "Final Proposal" has the meaning given to it in Section 4.1.

19. "Financial Close" means the date at which the financing arrangements contemplated by the Project Agreement are completed and all conditions precedent to the draw down of funds under such arrangements are satisfied and such funds are available to be drawn down.

20. "FM Service Provider" means the entity or entities who will provide the FM Services.

21. "FM Services" means the Basic Facilities and Services and, to the extent applicable or required by the context, some or all of the Optional Facilities and Services.

22. "Information Meeting" has the meaning given to it in Section 5.2.

23. "Information Meeting Registration Date" has the meaning given to it in Section 5.1.

24. "IT Provider/Manager/Consultant" means the provider, manager, consultant or other entity who will provide, coordinate, advise on or otherwise participate in the Project with the Respondent in respect of information technology and management services, and who may also be identified as an FM Service Provider to provide some or all of the FM Services

25. "Optional Facilities and Services" are those facilities and services described as such in Appendix 3.

26. "P3" means Public-Private-Partnership.

27. "Partnerships BC" means Partnerships British Columbia Inc.

28. "PHSA" means the Provincial Health Services Authority.

29. "Preferred Proponent" has the meaning given to it in Section 4.1.

30. "Preferred Proposal" has the meaning given to it in Section 4.1.

31. "Prime Architect" means the architectural firm with overall responsibility for the provision and coordination of all architectural services and for the overall design of the Project.

32. "Process Monitor" has the meaning given to it in Section 6.4.

33. "Project" has the meaning given to it in Section 1.2.

34. "Project Agreement" has the meaning given to it in Section 4.1.

35. "Project Implementation Process" has the meaning given in Section 4.1.

36. "Proponent" means a Respondent who has been selected through the REOI Stage to receive the RFP, submit a Proposal in response to the RFP and, if successful, who will execute the Project Agreement for delivery of the Project.

37. "Proposal" means a proposal submitted by a Proponent in response to the RFP which is to be issued for the Project.

38. "Province" means the Province of British Columbia.

39. "Public-Private Partnership" means a form of arrangement between the public and private sectors for the delivery of a project, and may include but is not limited to some combination of ownership, design, construction, financing, operation and/or maintenance of public capital assets and which typically relies on user fees or alternative sources of revenue to recover all or part of the related capital (debt servicing and return on equity if applicable), operation and capital maintenance costs.

40. "Registration Form" means the registration form prescribed on the BC Bid website.

41. "REOI" means this Request for Expressions of Interest.

42. "Request for Proposals" means the request for proposals contemplated to be issued by Partnerships BC to those Respondents selected to be Proponents through the REOI process.

43. "Respondent" means a party who completed and submitted the Registration Form and paid the registration fee required by Section 5.1, and who will submit or has submitted an EOI in response to the REOI. The Respondent may be a single entity, such as a corporation, joint venture, consortium, partnership or other entity, or may be comprised of a group of entities who have formed together for purposes of submitting an EOI and who, in the EOI, have identified the legal structure that they will enter into if selected to become a Proponent.

44. "Respondent Team Member" means a corporation, partnership, joint venture, consortium or other entity that will work either as a member of the Respondent (if a consortium or

joint venture) or as a subcontractor to the Respondent, if the Respondent is invited to become a Proponent and is ultimately awarded the Project Agreement for the Project.

45. "RFP" means Request for Proposals.

46. "Technical Advisors" has the meaning given to it in Section 6.3.

APPENDIX 2
SITE PLAN AND PHOTO

SITE PLAN

SITE PHOTO

APPENDIX 3
BASIC AND OPTIONAL FACILITIES AND SERVICES

Support Services	Basic Facilities And Services	Optional Facilities And Services
▪ **Plant & Maintenance** -- Supply and procure, install and commission, maintain and repair over the entire term of the Project Agreement, all facilities, grounds and plant equipment. Operate, maintain and repair: Energy Centre and Energy Management programs; Utilities and related Supplies; HVAC systems; water systems; electrical distribution systems; fire alarm; nurse call systems; elevators and other major building equipment; medical gas distribution systems (oxygen, vacuum, medical air, nitrous oxide, compressed air etc.); grounds maintenance; post-occupancy planning, design, renovation and project management services.	✓	
▪ **Security** -- Develop, implement and maintain electronic security systems, including card/key issuance and control; staffing levels and protocols that ensure patient, staff and visitor safety throughout the entire site; Integral role in the planning and delivery of Contingency Plans in co-ordination with the FHA/BCCA Provision of: Crime Prevention Services, Lost & Found Property, Patient Possessions Services, First Aid Services, Escort duties.	✓	
▪ **Housekeeping** -- Maintain a safe and hygienic environment for patients, staff and visitors. Includes all scheduled, reactive, planned and outbreak cleaning, pest control, waste collection and disposal (solid, biomedical, chemical, confidential & recycling wastes), drapery control, bedside curtains, paper goods/cleaning supplies.	✓	
▪ **Linen Services** -- Provide and clean all linen and textiles for Nursing areas and departments. Includes pack making (surgical/obstetrical etc.) ready for sterilization, standard & custom cart stocking, Uniform Service (both purchasing and tailoring), and inventory monitoring/control.	✓	
▪ **Food Services** -- Supply equipment and all supplies required to prepare/assemble and deliver meals and nourishments to in- and outpatients, visitors and staff. Scope includes: menu development/meal ordering , meeting Special Dietary requirements, waste handling, collection of dishes/utensils and ware washing.	✓	
▪ **Transcription** -- Transcription services as per FHA and BCCA standards.	✓	

Support Services	Basic Facilities And Services	Optional Facilities And Services
• **Material and Logistics/Transportation functions** -- ▪ Provide, operate and manage all patient portering within the facility with or without an R.N. escort; move deceased patients and perform (selected) mortuary duties; ▪ Provide receiving and distribution services for all supplies/capital equipment; ▪ Provide all transport of: specimens, goods, materials, mail, drugs, laundry/linen, patient records, meals and nourishments and storage and distribution of FHA and BCCA supplied Medical/Surgical supplies throughout the site which include safety stock, disaster stock, and flammables; provide room set-up services. ▪ Purchase/receive all supplies/utilities and equipment associated with outsourced services.	✓	
• **Central Processing/Sterilization** -- Provide comprehensive Central Processing/Sterilization service for all re-useables.		✓
• **Equipment Supply, Maintenance Repair and Refresh** -- ▪ 1. **Outsourced Services**: Supply, maintain and refresh all equipment required for any service that is outsourced. ▪ 2. **Medical Equipment** (e.g. mortuary equipment, O.R. service columns, sterilizers, instrument and scope washers, cart washers etc.): Supply and maintain FHA/BCCA specified items. At or after end of useful life, provide for refresh on FHA/BCCA instructions. ▪ 3. **Major Medical, Diagnostic, General Medical (includes beds and rolling stock) and Minor Medical Equipment**: Supply and maintain as per FHA/BCCA standards (except all small medical and surgical instruments, which will be purchased and maintained by FHA/BCCA). At or after end of useful life, provide for refresh on FHA/BCCA instructions. ▪ 4. **Furnishings and Office equipment**: Supply, maintain and refresh. (excepting personal computers and printers). **Note**: Where the equipment is provided by the proponent, biomedical engineering will also be provided by the proponent, otherwise, biomedical engineering will be provided by the FHA/BCCA.	✓ ✓ ✓	✓
• **Information Technology and Telecommunications** -- Supply and maintain required space (e.g. server rooms), fibre backbone, cabling, power points, wireless (& maintenance), telecommunications (& maintenance), hubs and routers. (Excludes end-use devices)	✓	
• **Worthington and Cottage Pavilions** -- Provision of all of the above services to the two extended care facilities (comprising 150 beds) located at the site of the Existing Hospital excluding equipment and IS infrastructure.	✓	
• **Excess Developable Lands (New Site)** -- Use of all un-used developable lands on the new site by proponents wishing to fully build out all real estate and develop these excess lands.		✓

Support Services	Basic Facilities And Services	Optional Facilities And Services
• **Excess Developable Lands (Existing Hospital Site)** -- Use of all un-used developable lands, facilities and structures on the Existing Hospital site by Respondents wishing to fully build out all real estate and develop these excess lands. This would include demolition and decommissioning of the Existing Hospital.		✓

NOTES:

1. The descriptions under each of the headings will be more specifically described in the RFP.
2. Some of the foregoing services are currently being performed, or will be performed, on an outsourced basis. The RFP will describe any provisions which may be made to allow proponents to use procurement arrangements with those suppliers.
3. The Province is engaged in a review of laboratory services and may also undertake reviews of medical imaging and diagnostic services. As a result, it is possible that during the course of the procurement process for the AHCC the Province, FHA or PHSA may issue requests for proposals or other procurement documents for the provisions of these services by the private sector.

APPENDIX 4
FACILITY REQUIREMENTS SUMMARY

The following tables describe some of the anticipated requirements for the AHCC. These requirements have been prepared from preliminary programming for the AHCC, and therefore the information in the tables indicates orders of magnitude rather than detailed specifications. This information will be refined based on further analysis and the EOIs. Further information will be provided in the RFP.

Table 4-1 Workload Summary

Table 4-2 Staffing Summary

Table 4-3 Accommodation Requirements Summary

TABLE 4-1
WORKLOAD SUMMARY

The following table illustrates minimum projected activity for the year 2015/16 for the AHCC.

Service Group	Workload Unit	Minimum Projected Activity
CLINICAL SERVICES		
A OUTPATIENT SERVICES		
A1 Ambulatory Care Centre		
A1(b) Hospital Outpatient Services		
General Shared Clinics	Consults/Visits Per Year	5,917
OP Nutrition Counselling	Hours	2,522
Chronic Disease Management Centre	# Assemblies/Year	220
Speciality Clinics/Services		
- Pre-Admission Clinic	# Admissions	9,800
- Breast Health Program	# OP Mammography Exams	15,000
A1(c) Cancer Centre Chemotherapy Treatment Unit	New Chemo Starts	600
	Chemo. Visits (incl. Chemo. Starts)	8,400
	Non-Chemotherapy Procedures	1,680
A1(d) Cancer Centre Clinical Trials Offices	# Patients Screened	333
	# Patient Accrued	111
A1(e) Cancer Centre General Clinic		
Surgical Therapy	New Patient Consults	935
	Follow-Up Visits	9,350
Systemic Therapy	New Patient Consults	1,333
	Follow-Up Visits	8,000
Radiation Therapy	New Patient Consults	2,829
	Follow-Up Visits	11,314
Pain & Symptom Management/Palliative Care Program	New Patient Consults	120
	Follow-Up Visits	235
A1(f) Cancer Centre Professional Staff Offices	New Patient Consults	5,217
	Active Treatment & Follow-Up Visits	28,899
A1(g) Cancer Centre Patient Rehabilitation		
Patient & Family Counselling	Referrals	1,387
	Contacts	3,744
	Groups	160
	Group Participants	1,280
Clinical Nutrition Contacts	Contacts/Visits	2,213

Service Group	Workload Unit	Minimum Projected Activity
A1(h) Cancer Centre Radiation Therapy		
Radiation Therapy Planning/Treatment	Simulator Visits	3,857
	Appliance Fabrication Room	874
	New Patient Consults	2,289
	Courses	2,571
	Fractions Required	54,000
	Fractions per Course	21
	Treatment Review Visits	10,800
Dentistry/Oral Oncology	New Patient Consults	125
A1(i)Cancer Centre Staff Facilities	N/A	
A2 Emergency	Total Visits	60,000
A3 General Day Care Unit	Total Procedures/Visits	26,499
A4 Renal Services		
COPD Follow-Up Clinic	# Patients	225
	# Visits	2,675
	# Visits/Patient	12
Hemodialysis	# Patients	126
	# Runs	19,656
	# Stations	21
B INPATIENT SERVICES		
B1 Comprehensive Cardiology Care Unit		
Coronary Care Unit	# Cases	993
	# Patient-Days	2,482
	ALOS (Days)	2.5
	% Occupancy	85.0
Telemetry Care Unit	# Cases	1,502
	# Patient-Days	5,256
	ALOS (Days)	3.5
	% Occupancy	90.0
B2 General Medical/Surgical Inpatient Care Units		
Medical/Surgical Inpatient Unit	# Cases	7,075
	# Patient-Days	45,990
	ALOS (Days)	6.5
	% Occupancy	90.0
Oncology Inpatient Unit	# Cases	657
	# Patient-Days	3,285
	ALOS (Days)	5.0

Service Group	Workload Unit	Minimum Projected Activity
	% Occupancy	90.0
B3 Hospice Palliative Care Unit	# Cases	347
	# Patient-Days	3,467
	ALOS (Days)	10.0
	% Occupancy	95.0
B4 Intensive/Stepdown Care Units		
Intensive Care Unit	# Cases	1,596
	# Patient-Days	5,585
	ALOS (Days)	3.5
	% Occupancy	85.0
Step-Down Care Unit	# Cases	76
	# Patient-Days	3,102
	ALOS (Days)	4.0
	% Occupancy	85.0
Respiratory Therapy	Inpatient Procedures (ICU)	28,552
B5 Maternal Child Program		
Birthing Unit	# Live Births	2,200
Maternal/Newborn Care Unit	# Cases	2,616
	# Patient-Days	6,541
	ALOS (Days)	2.5
	% Occupancy	64.0
Maternal/Fetal OP Services	Total Tests/Procedures	2,940
Special Care Nursery	# Cases	310
	# Patient-Days	3,103
	ALOS (Days)	10
	% Occupancy	85.0
Pediatric Inpatient Unit	# Cases	1,840
	# Patient-Days	4,599
	ALOS (Days)	2.5
	% Occupancy	70.0
Surgical Day Care	# Cases	546
Child Health Centre	Total Visits	4,550
Child Therapy (Cancer)	# Assembly Hours/Year	10

Service Group	Workload Unit	Minimum Projected Activity
B6 Mental Health/Psychiatry Program		
Psychiatry IOTU	# Cases	263
	# Patient-Days	1,314
	ALOS (Days)	5.0
	% Occupancy	90.0
Psychiatry Adult Inpatient Unit	# Cases	986
	# Patient-Days	9,855
	ALOS (Days)	10.0
	% Occupancy	90.0
Psychiatry Child & Adolescent Inpatient Unit	# Cases	394
	# Patient-Days	1,971
	ALOS (Days)	5.0
	% Occupancy	90.0
Psychiatry Outpatient Clinic/Daycare Treatment	Total Visits	3,625
C SUPPORT SERVICES		
C1 Diagnostic Services		
Outpatient Specimen Collection	Accessioning	31,345
Cardiology Diagnostics	Total Exams	20,826
Pulmonary Diagnostic	Total Exams	12,064
Neurodiagnostics	Total Exams	1,505
Vascular Diagnostics	Total Exams	2,200
C2 Laboratory Medicine		
Abbotsford Hospital (AH)	Total Laboratory Units	5,592,793
	Total Laboratory Tests	1,273,940
Abbotsford Cancer Centre (ACC)	Total Laboratory Units	452,950
	Total Laboratory Tests	75,493
C3 Medical Imaging		
In-Component Services for AH & ACC	General Radiology – Exams	60,586
	Computer Tomography – Exams	15,184
	Magnetic Resonance Imaging – Exams	3,000
	Ultrasound – Exams	16,920
	Diagnostic Mammography – Exams	2,000
	Nuclear Medicine – Exams	9,540
Out-of-Component Services	Total Exams	22,275
C4 Morgue & Autopsy	Total Deaths	615
	Total Autopsies	240

Service Group	Workload Unit	Minimum Projected Activity
C5 Pharmacy		
Abbotsford Hospital	Total New Orders and Refills	1,678,146
	Outpatient Prescriptions	2,535
	CIVA Preparations	337,869
	TPN Preparations	3,788
	Acute Care Repackaging	932,190
	Long Term Repackaging	619,010
	Drug related Issues	19,745
Abbotsford Cancer Centre	Total Prescriptions	27,230
	New Chemo Starts	600
	Chemo Visits	8,400
C6 Rehabilitation Services		
Physiotherapy	Total Attendances	48,000
	Total Time Units	1,076,787
Occupational Therapy	Total Attendances	11,318
	Total Time Units	484,928
Speech Therapy	Total Attendances	2,500
C7 Surgical Services		
Abbotsford Hospital		
Inpatient Surgery	Total Cases	4,200
Day Care Surgery	Total Cases	9,800
	Total Surgery Hours	18,200
	Total PACU Hours	23,800
Inpatient Same Day Admit/Surgery Cases	Total Cases	11,497
Abbotsford Cancer Centre		
Inpatient Surgery	Total Cases	407
Day Care Surgery	Total Cases	527
NON-CLINICAL SERVICES		
D1 Biomedical Engineering	Imaging Systems (hours)	100
	Clinical Systems (hours)	3,500
D2 Health Information Management Systems		
Abbotsford Hospital		
Health Information Services	R.O.I. Requests	4,000
	Data Analysts Requests	400
	Transcription Hours	17,000

Service Group	Workload Unit	Minimum Projected Activity
Health Information Systems	# Printers	200
	# Personal Computers	700+
	# Network Hubs/Switches	75+
	# Servers	75+
Abbotsford Cancer Centre		
Surgical Therapy	New Patient Consults	935
	Follow-Up Visits	9,350
Systemic Therapy	New Patient Consults	1,333
	Follow-Up Visits	8,000
Radiation Therapy	New Patient Consults	2,829
	Follow-Up Visits	11,314
Pain & Symptom Management/Palliative Care Program	New Patient Consults	120
	Follow-Up Visits	235
D3 Learning Centre		
Library Collections	Journals	70-80
	Books/AV	4,000 volumes
D4 Main Public Facilities	Spiritual Care Visits	1,500
	Counsellor Interventions	400
	Training Visiting Faith Groups/ Volunteers	15
D5 Site Administration	N/A	
D6 Staff Facilities	N/A	
D7 Volunteer/Auxiliary Services	N/A	

TABLE 4-2
STAFFING SUMMARY

The following table summarizes projected future staffing requirements in full-time equivalents (FTE) for the AHCC, including relief and call back hours that have been used for the purposes of developing future space requirements. The 2015/16 FTE must be substantiated and approved for funding over time.

Service Group	FTE
CLINICAL SERVICES	
A Outpatient Services	
A1 Ambulatory Care Centre	
A1(b) Hospital Outpatient Services	42
A1(c) Cancer Centre Chemotherapy Treatment Unit	8
A1(d) Cancer Centre Clinical Trials Offices	13
A1(e) Cancer Centre General Clinic	12
A1(f) Cancer Centre Professional Staff Offices	53
A1(g) Cancer Centre Patient Rehabilitation	12
A1(h) Cancer Centre Radiation Therapy	98
A1(i) Cancer Centre Staff Facilities	N/A
A2 Emergency	128
A3 General Day Care Unit	36
A4 Renal Services	58
Subtotal, Component A	460
B Inpatient Services	
B1 Comprehensive Cardiology Care Unit	55
B2 General Medical/Surgical Inpatient Care Units	222
B3 Hospice Palliative Care Unit	19
B4 Intensive/Stepdown Care Units	52
B5 Maternal Child Program	111
B6 Mental Health/Psychiatry Program	78
Subtotal, Component B	537
C Support Services	
C1 Diagnostic Services	21
C2 Laboratory Medicine	97
C3 Medical Imaging	85
C4 Morgue & Autopsy	2
C5 Pharmacy	
AH	48
ACC	12
C6 Rehabilitation Services	30
C7 Surgical Services	86
Subtotal, Component C	381

Service Group	FTE
NON-CLINICAL SERVICES	
D1 Biomedical Engineering	10
D2 Health Information Management Systems	56
D3 Learning Centre	7
D4 Main Public Facilities	9
D5 Site Administration	19
D6 Staff Facilities	0
D7 Volunteer/Auxiliary Services	0
Subtotal, Component D	101
Total	**1 479**

TABLE 4-3
ACCOMMODATION REQUIREMENTS SUMMARY

The following table summarises projected net areas (NSM) and gross areas (GSM) for each functional component as well as the building gross area (BGSM) for the AHCC.

ABBOTSFORD HOSPITAL		
Service Group	**NSM**	**GSM**
A High/Medium Serviced Facilities (Post Disaster)		
A1 General Medical/Surgical Inpatient Units	4 526.0	6 563
A2 Maternal Child Program	2 805.0	4 033
A3 Mental Health/Psychiatry Program	1 552.5	2 214
A4 Palliative Care Program/Unit	520.0	728
A5 Critical Care Units	1 692.5	2 539
A6 Emergency	1 400.0	2 100
A7 Surgical Suite	1 806.0	2 709
A8 Medical Imaging	1 676.0	2 514
A9 Laboratory Medicine	1 060.5	1 432
A10 Morgue/Autopsy	192.5	231
A11 Biomedical Engineering	216.5	281
Subtotal Component Area, A	470.5	25 344
B Low Serviced Facilities (Post Disaster)		
B1 Surgical Day Care/Same Day Admit Unit	Incl. in A7	Incl. in A7
B2 General Day Care Unit	764.5	1 070
B3 Diagnostic Services Centre	513.0	693
B4 Pharmacy	525.0	630
B5 Health Information Management Services	616.0	832
B6 Volunteers/Auxiliary Services	110.0	121
B7 Spiritual Care Services	Incl. in B8	Incl. in B8
B8 Main Entry Facilities	268.5	322
Subtotal Component Area, B	2 797.0	3 668
C Low Serviced Facilities (Non Post Disaster)		
C1 Ambulatory Care Centre	1 030.0	1 442
C2 Rehabilitation Services	481.5	650
C3 Site Administration	365.5	493
C4 Education Facilities	875.0	1 050
C5 Renal Services	805.0	1 127
Subtotal Component Area, C	2558.0	4 762
D Industrial/Shop Facilities (Post Disaster)		
D1 Nutrition and Food Services	(1 455.5)	(1 747)
D2 Materiel Services	(892.0)	(1 070)
Subtotal Component Area, D	2 347.5	2 817
E Industrial/Shop Facilities (Non Post Disaster)		
E1 Plant Services	(360.0)	(414)
E2 Linen/Housekeeping Services	(404.5)	(445)
E3 Central Staff Facilities	266.0	306
Subtotal Component Area, E	1 030.5	1 165

ABBOTSFORD HOSPITAL		
Service Group	**NSM**	**GSM**
Total Component Net Area	**27 180**	
Total Component Gross Area		**37 756**
Unassigned Gross Area (Incl. mech., ext. wall, major circulation, etc.)		12 444
TOTAL ABBOTSFORD HOSPITAL BUILDING GROSS AREA (BGSM)		**50 200**

CANCER CENTRE		
Service Group	**NSM**	**GSM**
G High/Medium Serviced Facilities (Non-Post Disaster)		
G1 Radiation Therapy	1 955.5	3 069
G2 Planning Module	Incl. in G1	Incl. in G1
G3 Dentistry	Incl. in G1	Incl. in G1
Subtotal Component Area, G	1 955.5	3 069
H Low Serviced Facilities (Non Post Disaster)		
H1 Entry Facilities	Incl. in B8	Incl. in B8
H2 Patient Resources	Incl. in H4	Incl. in H4
H3 Patient Rehabilitation	190.5	238
H4 General Clinic Area	947.5	1 232
H5 Systemic Therapy Area	357.5	465
H6 Pharmacy	158.0	198
H7 Clinical Trials Office	118.5	142
H8 Medical Staff Offices	627.5	816
H9 Patient Information Management	Incl. in B5	Incl. in B5
H10 Administration	Incl. in H8	Incl. in H8
H11 Staff Support	129.0	155
H12 Support Services	(138.0)	(159)
Subtotal Component Area, H	2 666.5	3 404
Total Component Gross Area		**6 473**
Unassigned Gross Area (Incl. mech., ext. wall, major circulation, etc.)		1 927
TOTAL CANCER CENTRE BUILDING GROSS AREA (BGSM)		**8 400**

APPENDIX 5
EOI SUBMISSION GUIDELINE

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EOI SUBMISSION GUIDELINE

This Appendix 5 to the REOI is a guideline to assist Respondents in preparing their EOIs.

Respondents should refer to Sections 6 and 7 of the REOI for the instructions for preparing and submitting an EOI, and for a description of the evaluation process. Terms used in this Appendix 5 and defined in Appendix 1 to the REOI have the meanings given to them in Appendix 1.

1. RESPONDENT TEAM, ORGANIZATION AND APPROACH

Under this Section, describe the Respondent, the Respondent's corporate make-up and internal structure, as well as its proposed organizational and contract structure for the Respondent Team Members and other major contractors and subcontractors (by position, if their identity is not yet known) who will be used for the Project if the Respondent is successful and ultimately awarded the contract for the Project.

Where a Respondent Team Member or other major contractor or subcontractor is not yet known, this should be indicated both on the organization chart referred to in Section 1.2(b) and in Table 5-3. In such case, provide a description of the method that will be used for selecting and confirming the participation of that Respondent Team Member or other major contractor or subcontractor.

1.1 Basic Respondent Information

(a) Name and Address

Using the format in Table 5-1, provide the name, address and other contact information for:

- Respondent.
- Respondent's Authorized Representative (contact person) for purposes of communications with Partnerships BC.

If the Respondent is not an existing entity, then the information requested in Section 1.1(a) should be provided for the Respondent Team Member who will be the primary contact person, authorized by all Respondent Team Members to act on their behalf for purposes of communications regarding the REOI.

(b) Legal Status

Using the format in Table 5-2, describe the current legal status of the Respondent, in terms of whether it is an existing company, joint venture, partnership, consortium or other entity (describe the type of entity), and provide the information identified in Table 5-2.

If the Respondent does not already exist state the type of entity that will be created, when it will be established and who, in the interim, will be a Proponent if the Respondent is invited to become a Proponent.

If the Respondent is not currently incorporated, ensure the legal nature of the Respondent (joint venture, partnership, consortium, etc.) and the name by which the Respondent (or if a joint venture, consortium or other entity the Respondent Team Members who are members of that joint venture, consortium or other entity) can be legally bound are clearly set out in Table 5-2.

If the Respondent is a partnership, joint venture, consortium or subsidiary of other entities (whether incorporated or not), for each partner, joint venture or consortium member, and for each parent or holding company or shareholder that has a participatory, management or financial interest in the Respondent, provide or describe:

- Name of partner, joint venture or consortium member, or parent or holding company or shareholder.
- The extent of its financial or other interest, and extent of its management control of the Respondent.
- The extent to which it will provide guarantees or other support of the Respondent's obligations.
- The information identified in Table 5-2.

(c) Financial Standing and Resources

If the Respondent is an existing entity, provide suitable and sufficient information to demonstrate that the Respondent has sufficient financial standing, capacity and resources to participate in the Project up to Financial Close of the Project and, after Financial Close, to carry out and complete the Project, all without placing undue financial strains or limitations on the Respondent.

Such information should include the following for the Respondent (or for its members/shareholders if newly formed or to be formed for purposes of the Project):

- Copies of annual audited financial statements and annual reports for each of the last three fiscal years.
- Copies of interim financial statements for each quarter since the last fiscal year for which audited statements are provided, along with a disclosure of all new material contingent liabilities and all material adverse changes not yet disclosed in the audited financial statements.
- Statement of any and all material off-balance sheet financing arrangements currently in place.
- Cash flow statements for the last three financial years, prepared in accordance with International Accounting Standards or Canadian or United States GAAP (each referred to as GAAP).
- Statement of overall revenue and the revenue for P3 healthcare (identify) and other P3 type projects for the previous three years.
- Copies of any company announcements made to the authorities of the stock exchange, market or bourse on which the stocks or shares of the company are publicly traded, since the date of publication of the latest set of accounts.

Where any of the information described above is provided on a consolidated basis (e.g. consolidated financial statements or annual reports), these will be given little

weight unless accompanied by sufficient information (appropriately verified) which confirms the portions of each of the consolidated documents that relate solely to the Respondent (or the shareholders/members of the Respondent, as applicable), or accompanied by a written commitment by an authorized representative of the parent company or ultimate holding company confirming that it will make adequate financial and other resources available to the Respondent (or its shareholders/members) to ensure that the Respondent fulfils its obligations under the Project Agreement (in such case, also provide the above financial information for the parent/holding company).

(d) Key Respondent Personnel

If the Respondent is an existing entity, provide the names and positions for the key management and other personnel of the Respondent, particularly those who will be involved in the preparation of the Proposal and, if the Respondent is the Successful Proponent, the delivery of the Project.

For each person, provide:

- A brief description of the person's roles and responsibilities.
- A CV, no more than two pages in length, listing relevant projects and including client references (including contact name, position and current telephone and email addresses) for each listed relevant project.
- A statement describing the person's present workload, ability to allocate sufficient time to the Project, and the percentage of the person's total time that will be dedicated to the Project during the various stages up to Financial Close, and during each of the phases of the Project after Financial Close. Describe any existing or future conflicts in priorities for time that may arise, particularly those prior to Financial Close, and how they will be managed to avoid adversely affecting the Project.

If the Respondent is not an existing entity, provide the above information if known or, if not known, provide the names and roles of the persons who will be responsible, on behalf of all of the Respondent Team Members, to coordinate the preparation and submission of the EOI and, if a Proponent, the Proposal.

1.2 Respondent Team

(a) Respondent Team Members

Using the format in Table 5-3, list the Respondent Team Members and the principal representatives of those members. Where more than one entity will fulfill the role of one Respondent Team Member (e.g. where more than one architectural firm will fulfill the role of the Prime Architect, or where separate electrical, mechanical, structural, geotechnical or other engineering firms will collectively fulfill the role of the Engineer), list each entity separately and identify

the one who will be responsible for overall coordination of the different entities who will fulfill the role of that Respondent Team Member. Also list the primary representative for each as indicated in Table 5-3. If not known, indicate "unknown" and provide reasons therefor and/or the Respondent's strategy for determining and selecting that Respondent Team Member.

Attach CVs for each of the people named by the Respondent in this table. Each CV should include details relevant to the applicable role in the Project, should be no more than two pages in length, and should include client reference contact details for each listed relevant project.

(b) Respondent and Respondent Team Organization

(i) Organization Chart

Provide an organization chart showing the internal relationships between or among the members/shareholders of the Respondent, and between the Respondent and each of the Respondent Team Members listed in Table 5-3.

State whether membership, roles and responsibilities will change during the procurement, design, construction and operational phases of the Project.

(ii) Contractual Matrix

With reference to or as part of the organization chart, describe the contractual relationships which will exist between and among the shareholders/members of the Respondent and between and among the Respondent and the Respondent Team Members (by type of contract, such as design-build, lump sum services contract, subcontract, etc.).

(iii) Respondent Team Integration

Provide any additional information which will describe how the Respondent proposes to organize and manage the Respondent Team Members and the delivery of the Project.

Describe how the Respondent, and in particular each Respondent Team Member, will be an effective and responsive partner over the entire life of the Project. If the participation and/or financial interest of any Respondent Team Member ends upon or shortly after completion of the Facility, give full details and the reasons why such Respondent Team Member will have no long-term involvement or interest in the Project.

Describe the long-term decision-making authorities, decision-making bodies and structures, approach to risk management and system of maintaining accountability for performance that will be implemented by the Respondent for the Project.

(c) Prior Working Relationships

Identify and describe any previous working relationships between and among the members/shareholders of the Respondent, and between and among the Respondent and the Respondent Team Members (including between and among the Respondent Team Members individually), and the outcomes achieved, in relation to P3 Hospital Projects, Other P3 Projects, and Other Hospital Projects, preferably by reference to projects listed under the responses to Sections 1.2(d) and 1.2(e).

If any projects are listed as withdrawn, Respondents should set out separately why they withdrew.

(d) Project Experience

Using the format in Table 5-4, summarize the direct relevant experience of the Respondent and Respondent Team Members in P3 Healthcare Projects, Other P3 Projects, and Other Healthcare Projects. Projects should be listed in date order, commencing with the most recent.

For each listed project, provide full details of the participation in that project. For projects from which the Respondent or Respondent Team Members withdrew, give reasons for the withdrawal from the project.

Contact references for each project should describe the name, title and position of the contact person, and the person's current address, telephone number, fax number and e-mail address.

(e) Financing and Equity Participation Experience

Using the format in Table 5-5, summarize the direct relevant experience of the Respondent and Respondent Team Members in raising finance on Project Finance and P3-type projects, particularly P3-Healthcare Projects. Projects should be listed in date order, commencing with the most recent.

Using the format in Table 5-6, summarize the direct relevant experience of the Respondent and Respondent Team Members in providing or arranging equity on Project Finance and P3-type projects, particularly P3-Healthcare Projects. Projects should be listed in date order, commencing with the most recent.

For each listed project, if there were any problems encountered prior to or after financial close describe the problems and how the Respondent and/or Respondent Team Member would propose to overcome similar problems in future.

Contact references for each project (preferably from each of the project client and lender) should describe the name, title and position of the contact person, and the person's current address, telephone number, fax number and e-mail address.

(f) Local Experience/Knowledge

If the Respondent is an existing entity, describe any relevant experience that the Respondent has with local conditions relevant to its participation in the Project, including knowledge and understanding of, and ability to deal with, the following:

- Local regulations and municipal, regional and other governmental authorities.
- National, provincial and local building codes and practices, as they relate to design, operation, maintenance and other aspects of the Project.
- Custom duties, federal and provincial taxes, etc., particularly any exemptions and remissions which may be available.
- Labour relations and labour practices in British Columbia, as they relate to the construction part of the Project, and also as they relate to the provision of the Basic Facilities and Services, and the Optional Facilities and Services.
- Local suppliers, trades, inspectors, professionals, contractors and subcontractors.
- The needs of the health and research community and other activities that are complementary to the services contemplated for the Project.

If the Respondent has a labour relations consultant or manager, provide that person's experience and qualifications, particularly in labour relations and practices in British Columbia.

The above information is for the Respondent. The same information should be provided for each Respondent Team Member under the appropriate headings in Sections 2 to 5. If the Respondent is not an existing entity, the same information should be provided for the members of the Respondent if not set out separately under Sections 2 to 5.

(g) Litigation/Arbitral Proceedings

If the Respondent is an existing entity, provide a brief summary of all material non-employment related litigation, or legal, arbitral or other proceedings (whether pending, threatened or determined) involving the Respondent (or its shareholders/members) over the last 5 years where the amount which is claimed or in dispute exceeds CDN$ 2 million, or where the Respondent's ability to participate in this Project may at any time be adversely affected by such litigation or other legal or arbitral proceeding.

Identify all previous disputes with any governmental or other public entity where the disputes escalated to the point where litigation, arbitral or other proceedings were threatened by or against the Respondent (or its shareholders/members) in writing, and the amount claimed or in dispute exceeded CDN$ 500,000.

Summarize the outcome of each such dispute and identify which disputes actually resulted in the commencement of litigation, arbitral or other proceedings.

Confirm that the Respondent is not aware of any active investigations in any jurisdictions which are related to an alleged failure by the Respondent to comply with securities or other financial legislation, or to comply with legislation governing investments or accounting practices.

The above information is for the Respondent. The same information should be provided for each Respondent Team Member under the appropriate headings in Sections 2 to 5. If the Respondent is not an existing entity, the same information should be provided for the members of the Respondent if not set out separately under Sections 2 to 5.

1.3 Understanding and Philosophy Regarding Project

Describe the Respondent's philosophy of how, and management practices for ensuring that, the Respondent Team Members will work together as a cohesive and seamlessly integrated team to design, construct, operate and maintain, and provide FM Services for, the AHCC that will:

- Demonstrably improve clinical and healthcare services.
- Provide and demonstrate long term operational efficiencies.
- Provide annual savings in the operating budgets for the health service providers using AHCC.
- Improve the net revenue from those FM Services that are revenue generating.

Describe the Respondent's overall vision for the new Facility and opportunities for additional development by the Respondent (or others) of the Project site.

Describe how and the extent to which each of the Design Team, Constructor, FM Service Provider and other Respondent Team Members will, through innovative design and working together as an integrated team, ensure that the Project Vision and Guiding Principles as set out in the REOI will be achieved.

1.4 Proposed Funding For Project

(a) Equity Investment

Using the format in Table 5-7, summarize the anticipated equity investment (both in CDN$ and as a percentage allocation among Respondent Team Members) that will be injected into the Project by the members or shareholders of the Respondent, and if applicable by each of the Respondent Team Members.

(b) Financing

Describe the Respondent's preferred approach to raising financing for the Project and its preferred lender for financing the Project.

If a lender or financing entity has already been selected, describe how the lender/financing entity was appointed and why it is the Respondent's preferred financing entity.

Confirm whether, if selected as a Proponent, the Respondent is prepared to undertake a funding competition for the Project, and if not the reasons why not.

1.5 Quality Assurance

Describe the Quality Plan that will be implemented by the Respondent to ensure that suitable Quality Control and Quality Assurance is provided for the design and construction of AHCC, and subsequently for FM Services. In particular, describe:

- The extent, if at all, to which the Respondent will utilize independent Quality Control and Quality Assurance contractors.
- How the Respondent will ensure that Quality Control and Quality Assurance take precedence over production during the design and construction of the Facility.
- How the Respondent will provide confirmation, assurance and certification to Partnerships BC that the Facility has been designed and constructed in accordance with the requirements of the Project Agreement and in accordance with all applicable laws, regulations, codes, standards and practices.

The above information is for the Respondent to provide. The same information should be provided for each Respondent Team Member under the appropriate headings in Sections 2 to 5.

1.6 Conflicts

Describe any conflicts of interest that the Respondent or any Respondent Team Member (or any advisor to the Respondent Team Members) is currently aware of that it, or any Respondent Team Member, may currently or in future have with any one or more of Partnerships BC, the Province, FHA, PHSA and BCCA.

1.7 Additional Relevant Information

Provide any additional information that the Respondent considers relevant to demonstrate the capability, experience, expertise, capacity and commitment to develop and operate the Project, and any other characteristics, traits, qualifications and experience that the Respondent and its Respondent Team Members have as a whole that is relevant to the Project.

2. DESIGN TEAM

2.1 General Information

(a) Design Team Organization

(i) Organization Chart

Provide an organization chart showing:

- Internal relationships between and among the members of the Design Team, particularly the Prime Architect, Clinical Planner and Engineer (and where applicable the local firms representing them in the Province of British Columbia).
- How the Design Team will be organized and managed to function as an integrated, seamless team.
- How the Design Team, and its members, will be integrated and coordinated with the other Respondent Team Members, Partnerships BC, and the stakeholders.

The organization chart should also include the following (if not presently known, then by position): Equipment Program Manager; IT Provider/Manager/ Consultant, Building Envelope Specialist, and Landscape Architect.

If not already provided pursuant to Section 1.2(b), provide an organization chart showing the relationships between and among each of the members of the Design Team and each of the other Respondent Team Members listed in Table 5-3.

State whether membership, roles and responsibilities will change during the procurement, design, construction and operational phases of the Project.

(ii) Contractual Matrix

With reference to or as part of the organization chart, describe the contractual relationships which will exist between and among each of the members of the Design Team, and between them and each of the other Respondent Team Members (by type of contract, such as design-build, lump sum services contract, subcontract, etc.).

(iii) Design Team Integration

Provide any additional information that will describe how the Design Team will be organized and managed within itself to work as a seamless, cohesive and effective team for the delivery of the Project.

Describe whether any member of the Design Team will continue to be involved in the Project after construction of the Facility has been completed and, if so, their role.

(b) Names and Addresses

Using the format in Table 5-1, provide the name, address and other contact information for each of the following:

- Prime Architect.
- Prime Architect's managing or principal architect, who will be the individual architect responsible for the Project on behalf of the Prime Architect and who will represent the Prime Architect.
- Clinical Planner.
- Clinical Planner's Authorized Representative, who will be the person primarily responsible for coordinating, managing and providing the services of the Clinical Planner.
- Engineer.
- Engineer's Authorized Representative, who will be the person primarily responsible for coordinating, managing and delivering the engineering services.
- Other members of the Design Team.
- Authorized Representatives of the other members of the Design Team.

(c) Legal Status

Using the format in Table 5-2, describe the current legal status of each member of the Design Team, in terms of whether it is an existing company, joint venture, partnership, consortium or other entity (describe the type of entity), and provide the information identified in Table 5-2.

If any of the Prime Architect, Clinical Planner or Engineer are partnerships, joint ventures, consortia or subsidiaries of other entities, for each member and shareholder of such partnership, joint venture, consortium or other entity, and for each parent or holding company or shareholder that has a participatory, management or financial interest in a subsidiary, provide or describe:

- Name of partner, joint venture or consortium member, or parent or holding company or shareholder.
- The extent of financial or other interest, and extent of its management control.
- The extent to which it will provide guarantees or other support of the member or subsidiary's obligations.
- The information identified in Table 5-2.

(d) Authorization to Provide Professional Services in British Columbia

For each member of the Design Team, identify the jurisdictions in which the member is authorized to provide professional services, and in particular confirm whether that member is currently registered or licensed by the applicable professional regulatory body in the Province of British Columbia to perform architectural, engineering or other professional services for projects constructed in the Province of British Columbia.

If a member is not registered or licensed to perform professional services in the Province of British Columbia, provide details of its capability to meet professional registration and licensing requirements for the provision of architectural, engineering or other professional services in the Province of British Columbia or describe how it will comply with the requisite legislative and regulatory requirements for the provision of such services in the Province of British Columbia. If it will comply by aligning itself with a local firm, describe previous working relationships with that firm and the experience, if any, of that firm in hospitals or other institutions.

If a local architect or local engineering firm has been appointed, provide the information requested in Sections 2.1(b) and 2.1(c) above for that local firm.

2.2 Experience and Qualifications

(a) Prior Working Relationships

If not already provided under Section 1.2(c), identify and describe any previous working relationships between and among the members of the Design Team, and between and among any of them and any other Respondent Team Members, in relation to P3 Hospital Projects, Other P3 Projects, and Other Hospital Projects, preferably by reference to projects listed under the responses to Sections 1.2(d) and 1.2(e). If any projects are listed as withdrawn, the applicable member of the Design Team should set out separately why they withdrew.

(b) Project Experience

(i) General

For each Design Team Member, using the format in Table 5-8, summarize the direct relevant experience of that Design Team in P3 Healthcare Projects, Other P3 Projects, and Other Healthcare Projects. Projects should be listed in date order, commencing with the most recent.

For each listed project, provide full details of the participation in that project and references from appropriate, knowledgeable representatives of the hospital and from others as applicable. Contact references for each project should describe the

name, title and position of the contact person, and the person's current address, telephone number, fax number and e-mail address. For projects from which the member of the Design Team withdrew, give reasons for the withdrawal from that project.

In particular, in relation to the projects listed in Table 5-8 describe the experience of each member of the Design Team in:

- Functional planning and design of hospital, healthcare or other institutional or related facilities.
- Delivery of projects on time and on budget.
- Stakeholder consultation for the design and construction of hospital, healthcare or other relevant institutional and related facilities.
- Design strategy to accommodate and maximize flexibility for future changes in the provision of healthcare, acute care and cancer treatment facilities, and for future renovations and expansions of facilities.
- Completion of projects which resulted in demonstrable improvements in the efficiency and effectiveness of the delivery of healthcare, acute care and cancer treatment services.

If the Respondent's proposed contractual structure is for the Constructor to provide the Facility on a design-build or similar basis where the Constructor employs and pays the Prime Architect and/or some or all other parts of the Design Team, describe prior experience in this role for the Constructor and prior experience in this contractual structure with others. Describe any problems that have been encountered in the past in relation to conflicts between design and construction and problems with quality control, quality assurance and strict adherence to design drawings and specifications, and what measures will be implemented by the Respondent, Prime Architect and other members of the Design Team to ensure that such problems do not arise on this Project.

(ii) Clinical Planner

As the Clinical Planner is considered critical to the long-term success of the AHCC, if not already provided in response to the above describe the experience of the Clinical Planner in terms of outcomes achieved on previous projects, particularly in terms of input into the design of the projects which led to demonstrable improvements in the efficiency and effectiveness of the delivery of healthcare, acute care and cancer treatment services. References who can verify and confirm such outcomes should be provided.

(iii) Integration of Technology

Describe experience in the integration of current and anticipated future technology and information management systems into hospitals and other

healthcare and treatment facilities, the extent to which they provided and allowed flexibility for changes in such technology, and the outcomes achieved.

(iv) Flexibility and Total Life Cycle Costs

Describe experience in design strategies which accommodate future changes in technology and the provision of healthcare, acute care and cancer treatment services, which provide flexibility of use with minimal ongoing cost impact, and which allow expansion or renovation of the Facility at minimal cost and with minimal disruption to the ongoing use of the Facility.

Provide details of relevant experience and ability to design sustainable, high efficiency, life-cycle focussed, and "green" projects.

Describe experience with total life-cycle approaches to design and construction of projects to obtain optimal life-cycle efficiency for building components.

(c) Local Experience/Knowledge

For each member of the Design Team, provide sufficient information to demonstrate the extent, if any, of that member's experience and knowledge of local conditions as they may affect the performance of its role for the Project, including all of the information requested in Section 1.2(f).

2.3 Key Personnel

Provide the names and positions of the key design personnel who will be used by each of the members of the Design Team to the extent they are known, identifying for each person (or position) the firm that they are with and their role in the Project.

Attach a current CV for each of the key personnel who are identified. CVs should be focussed, no more than two pages in length, list relevant projects and include client references (including contact name, position and current telephone and email addresses) for each listed relevant project.

Provide sufficient information to demonstrate that the key personnel will have sufficient time and resources to allocate to the Project, including the percentage of their total working time each week that is expected to be dedicated to the Project during the various stages of the Project up to Financial Close, and for each phase of the Project following Financial Close. If any such personnel are already or will be committed to other projects, identify any existing or future potential time conflicts for each person, and how these will be managed to ensure that the schedule for the Project is not adversely affected.

2.4 Design Philosophy and Design Management

Describe the Design Team's understanding of current best practices for the design of Acute Care and Cancer Treatment hospitals and facilities.

Describe the Design Team's design philosophy for the Project and, in particular, its approach to designing facilities that will demonstrably improve the efficiency and effectiveness of clinical and healthcare services and, at the same time, provide annual savings in the operating budgets for the health service providers using AHCC.

Provide details of how the Clinical Planner and other medical and clinical advisors will work with the Design Team. In particular, describe the extent to which the input of the Clinical Planner and other medical and clinical advisors, particularly as it relates to means of increasing effectiveness and efficiency by the users of AHCC to reduce their annual operating costs, will be given priority over other factors relating to the design and construction of the Project.

Describe the approach that will be used by the Design Team to ensure flexibility is provided in the AHCC for future changes and improvements in the delivery of healthcare, acute care and cancer treatment services.

2.5 Financial Standing and Resources

For each member of the Design Team, provide sufficient information to demonstrate that the member has sufficient financial standing, capacity and resources to participate in the Project in its proposed role up to Financial Close and, after Financial Close, to carry out and complete the Project, all without placing undue financial strains or limitations on that member. Such information may include information as requested in Section 1.1(c) and the approximate value of professional fees earned by that member during each of the past 3 years. The information provided should also be suitable and sufficient to demonstrate the profitability of each member of the Design Team.

For each member of the Design Team, describe whether that member will fund and pay for its own participation in the Project up to Financial Close, or will receive full or partial (if partial, give percentage of total) compensation from the Respondent or other Respondent Team Members (identify the member) for its services prior to Financial Close.

2.6 Quality Assurance

Describe the Quality Plan that will be used by the Design Team and each of its members to ensure that suitable Quality Control and Quality Assurance is provided for all aspects of the design of the AHCC through to the completion of AHCC.

Describe who will be responsible for the coordination of all design and will be responsible for ensuring that design conflicts between and among the members of the Design Team are avoided. Describe how this will be achieved.

Indicate any certification under Canadian or International quality standards, and the extent to which compliance with such certification will be used on the Project.

2.7 Litigation/Arbitral Proceedings

For each member of the Design Team, provide a brief summary of any material non-employment related litigation, or legal, arbitral or other proceedings (which have been commenced or which have been threatened and in all probability will be commenced) over the last five years where the amount claimed or in dispute exceeds CDN$ 2 million, or where the dispute may otherwise affect that member's ability to participate in the Project in the manner proposed in the EOI.

Provide all other information requested in Section 1.2(g) for each member of the Design Team.

2.8 Additional Relevant Information

Provide any additional information that the Design Team or any member of the Design Team considers relevant to demonstrate its capability, experience, expertise, capacity and commitment to the Project, and any other characteristics, traits, qualifications and experience that the Design Team has as a whole that is relevant to the Project, particularly its ability to provide innovative designs that improve effectiveness and efficiency of healthcare, acute care and cancer treatment services.

3. CONSTRUCTOR

3.1 General Information

(a) Name and Address

Using the format in Table 5-1, provide the name, address and other contact information for:

- Constructor.
- Constructor's Authorized Representative (contact person).

(b) Legal Status

Using the format in Table 5-2, describe the current legal status of the Constructor, in terms of whether it is an existing company, joint venture, partnership, consortium or other entity (describe the type of entity), and provide the information identified in Table 5-2.

If the Constructor is a partnership, joint venture, consortium or subsidiary of other entities (whether incorporated or not), for each partnership, joint venture or consortium member, and for each parent or holding company or shareholder that has a participatory, management or financial interest in the Constructor, provide or describe:

- Name of partner, joint venture or consortium member, or parent or holding company or shareholder.
- The extent of financial or other interest, and extent of management control, of such partner, joint venture or consortium member, or parent or holding company or shareholder.
- The extent to which the parent or holding company or shareholder will provide guarantees of the member or subsidiary's obligations.
- The information identified in Table 5-2.

(c) Authorization to Provide Professional Services in British Columbia

If the Constructor is a design-build contractor and will provide some of the design or engineering services required for the Project through its own personnel rather than through a member of the Design Team, the relevant information and participation of the Constructor in the design and engineering for the Project should be set out and included under Section 2 as part of the Design Team. In such case, the jurisdictions in which the Constructor is authorized to provide such professional services should be identified and whether the Constructor is currently registered or licensed by the applicable professional regulatory body in the Province of British Columbia to perform such professional services for projects constructed in the Province of British Columbia should be confirmed (if not,

describe how the Constructor will comply with the requisite legislative and regulatory requirements for the provision of such services in the Province of British Columbia).

(d) Organization and Management Structure

Provide an organization chart showing how the Constructor will organize and manage the construction and, if applicable, design of the Facility, including by identifying joint venture or consortium members, other Respondent Team Members, Project advisors, and any major contractors and subcontractors (by role if identity is not presently known). Reporting lines for the Quality Assurance Manager and Quality Control Manager should be indicated.

State whether membership, roles and responsibilities will change during the procurement, design, construction and operational phases of the Project.

With reference to or as part of the organization chart, describe the contractual relationships which will exist between and among the members of the Constructor (if a joint venture or consortium) and between and among the Constructor and other Respondent Team Members (by type of contract, such as design-build, lump sum services contract, subcontract, etc.).

Provide any additional information which will describe how the Constructor proposes to organize and manage the construction aspects of the Project.

(e) Proposed Contractors and Subcontractors

If the identity of any major contractors and subcontractors shown on the Constructor's organization chart is currently known, provide their name, address, role and a brief summary of their relevant qualifications, experience and references.

3.2 Experience and Qualifications

(a) Prior Working Relationships

If not already provided under Section 1.2(c), identify and describe any previous working relationships between and among the Constructor and the members of the Design Team, and between and among the Constructor and any other Respondent Team Members, in relation to P3 Hospital Projects, Other P3 Projects, and Other Hospital Projects, preferably by reference to projects listed under the responses to Sections 1.2(d) and 1.2(e).

(b) Project Experience

(i) General

Using the format in Table 5-8, summarize the direct relevant experience of the Constructor in P3 Healthcare Projects, Other P3 Projects, and Other Healthcare Projects. Projects should be listed in date order, commencing with the most recent.

For each listed project, provide full details of the participation in that project and references from appropriate, knowledgeable representatives of the hospital and from others as applicable. Contact references for each project should describe the name, title and position of the contact person, and the person's current address, telephone number, fax number and e-mail address. For projects from which the Constructor withdrew, give reasons for the withdrawal from that project. For each listed project, provide information demonstrating whether the project was completed on time and on budget (in terms of original budget and schedule as set at the time of first contract award), and demonstrating an ability to work with other project participants (owners, architects, engineers, etc.) in joint project delivery.

Contact references for each project should describe the name, title and position of the contact person, and the person's current address, telephone number, fax number and e-mail address.

Describe experience in working with design professionals and facility management and service providers to incorporate design and construction features which provide optimal life-cycle efficiency for building components, future flexibility for relocation of rooms and services, expansion of the building and facilities, renovations, etc. and to accommodate proposed and future changes in healthcare, acute care and cancer treatment services.

(ii) Integration of Technology

Describe experience in the integration of current and anticipated future technology and information management systems into hospitals and other healthcare and treatment facilities, the extent to which they provided and allowed flexibility for changes in such technology, and the outcomes achieved.

(iii) Flexibility and Total Life Cycle Costs

Describe experience in design and construction strategies which accommodate future changes in healthcare services, which provide flexibility of use with minimal ongoing cost impact, and which allow expansion or renovation of the Facility at minimal cost and with minimal disruption to the ongoing use of the Facility.

Provide details of relevant experience and work on sustainable, high efficiency, life-cycle focussed, and "green" projects.

Describe experience with total life-cycle approaches to design and construction of projects to obtain optimal life-cycle efficiency for building components.

(c) Local Experience/Knowledge

Provide sufficient information to demonstrate the extent, if any, of the Constructor's experience and knowledge of local conditions as they may affect its performance of its role for the Project, including all of the information requested in Section 1.2(f).

If the Constructor has a labour relations consultant or manager, provide that person's experience and qualifications, particularly in relation to labour relations and labour practices in the Province of British Columbia. Attach a current CV for that person. The CV should be focussed, no more than two pages in length, list relevant projects and include client references (including contact name, position and current telephone and email addresses) for each listed relevant project.

(d) Health & Safety Experience

Provide the following:

- General policy on health and safety at the workplace.
- Allocation of organizational responsibilities for health and safety at the workplace.
- Knowledge, if any, of workers compensation rules and regulations in the Province of British Columbia, including Occupational Health and Safety Regulations.

Provide the name and title of the person responsible for the implementation of the Constructor Member's Health and Safety policy. Attach a current CV for that person. The CV should be focussed, no more than two pages in length, list relevant projects and include client references (including contact name, position and current telephone and email addresses) for each listed relevant project.

Provide the Health and Safety experience record of the Constructor over the last 3 years, including the following:

- Results of safety audits and inspections carried out on comparable activities to this Project (including details of frequency, whether records are kept and who is responsible for any remedial action).
- Whether (and if so, provide brief details) any adverse notices from a relevant governmental or other authority have been served on the Constructor or any of its directors/managers with respect to health and safety or fire safety issues.

- The number of fatal accidents and major injury accidents (requiring immediate notification to the relevant workers compensation board or other Health and Safety enforcing authority) in each of those 3 years, and which have occurred to any one of the following: (a) the organization's employees; (b) employees of subcontractors and subconsultants engaged by or through the Constructor for work on a project; and (c) others (e.g. members of the public).

3.3 Key Personnel

Provide the names and positions of the key personnel who will be used by the Constructor for the preparation of the Proposal and who will work with the Design Team up to Financial Close.

To the extent known, provide the names and positions of the key personnel who will be responsible for the management and implementation of the construction aspects of the Project after Financial Close.

For each key person identified, provide the position and firm at which they are presently employed and their proposed role in the Project.

If not included elsewhere, attach an organization chart, showing the organization and management structure that will be implemented for the key personnel, and also identifying their relationships with the Respondent, Prime Architect and other Respondent Team Members.

Attach a current CV for each of the key personnel who are identified. CVs should be focussed, no more than two pages in length, list relevant projects and include client references (including contact name, position and current telephone and email addresses) for each listed relevant project.

Provide sufficient information to demonstrate that the key personnel will have sufficient time and resources to allocate to the Project during the various stages of the Project up to Financial Close, and for each phase of the Project following Financial Close.

3.4 Construction Philosophy and Management

Describe the Constructor's philosophy and approach towards construction of the infrastructure, equipment and facilities for the AHCC.

3.5 Environmental and Waste Management

Describe the philosophies and practices of the Constructor for protection of the environment, waste management and recycling and re-use of excess and waste materials.

Confirm whether any environmental charges, fines, penalties or assessments have been made or levied against the Constructor in the past five years in any jurisdiction (if so,

give details and describe policies and procedures that have been implemented to ensure the events that caused the charges, fines, penalties and assessments to have been made or levied will not occur again).

3.6 Continuing Role

Confirm whether the Constructor will continue to be involved or have a financial interest in the Project after occupancy and use of the Facility commences. If so, provide details.

3.7 Financial Standing and Resources

Provide sufficient information to demonstrate that the Constructor has sufficient financial standing, capacity and resources to participate in the Project in its proposed role up to Financial Close and, after Financial Close, to carry out and complete the Project, all without placing undue financial strains or limitations on the Constructor, including all of the information requested in Section 1.1(c).

In addition to the information identified in Section 1.1(c), provide the following:

- A summary, by jurisdiction, of work in progress for each of the past three years, as well as the total value of contracts completed and the total value of contracts outstanding in each of those years (if provided on a consolidated basis, state the amounts that relate solely to the Constructor).
- To demonstrate confidence of the Constructor's surety in the Constructor, evidence (such as in the form of a letter from the surety) of the Constructor's ability to obtain, if required by the Respondent or the lender, a minimum of CDN$ 200 million in bonding from a surety licensed in Canada. Provide the name of the surety and the rating of the surety from a recognized rating agency (which should be a TRAC rating of 7+ out of 8 and A.M. Best Rating of A- Excellent or better).

3.8 Quality Assurance

Describe the Constructor's experience with and commitment to the successful implementation of Quality Assurance, including the extent to which Quality Audits are performed on a regular basis by the corporate headquarters or offices of the Constructor.

Indicate any certification under Canadian or International quality standards, and the extent to which compliance with such certification will be used on the Project.

Summarize the Quality Plan that will be implemented by the Constructor for the Project to ensure that suitable Quality Control and Quality Assurance is provided for the construction of the Facility. In particular, describe:

- The extent, if at all, to which the Constructor will utilize independent Quality Control and Quality Assurance contractors.

- How the Constructor will ensure that, for each part of the work that is under construction, the relevant design and specifications prepared by the Design Team are complete and have been signed off by the applicable member of the Design Team before construction of that part of the work commences.
- How the Constructor will ensure that Quality Control and Quality Assurance take precedence over production during the design and construction of the Facility, and whether the Quality Assurance Manager will report to the Constructor's Project Manager or directly to its internal Project Sponsor.
- How the Constructor will provide confirmation, assurance and certification to Partnerships BC that the Facility has been constructed in accordance with the requirements of the Project Agreement, the design and specifications, and all applicable laws, regulations, codes, standards and practices.

3.9 Litigation/Arbitral Proceedings

Provide a summary of any material non-employment related litigation, or legal, arbitral or other proceedings (which have been commenced or which have been threatened and in all probability will be commenced) over the last five years where the amount claimed or in dispute exceeds CDN$ 2 million, or where the dispute may otherwise affect the Constructor's ability to participate in the Project in the manner proposed in the EOI.

Provide all other information requested in Section 1.2(g).

Confirm that the Constructor is not aware of any active investigations in any jurisdictions which are related to an alleged failure to comply with securities or other financial legislation, or to comply with legislation governing investments or accounting practices.

3.10 Additional Relevant Information

Provide any additional information that the Constructor considers relevant to demonstrate its capability, experience, expertise, capacity and commitment to the Project, and any other characteristics, traits, qualifications and experience that are relevant to the Project, particularly its ability to contribute to innovative designs that improve effectiveness and efficiency of healthcare services.

4. FM SERVICE PROVIDER

4.1 General Information

(a) Name and Address

Using the format in Table 5-1, provide the name, address and other contact information for:

- FM Service Provider (use multiple tables, if more than one).
- FM Service Provider's Authorized Representative (its contact person – use separate table for each FM Service Provider).

If there is more than one FM Service Provider, identify the scope and role of each and provide all of the information identified in this Section 4 for each FM Service Provider.

(b) Legal Status

Using the format in Table 5-2, describe the current legal status of the FM Service Provider, in terms of whether it is an existing company, joint venture, partnership, consortium or other entity (describe the type of entity), and provide the information identified in Table 5-2. If there is more than one FM Service Provider, submit the information identified in Table 5-2 for each one.

If the FM Service Provider is a subsidiary of another entity:

- Name the parent or holding company or shareholder.
- Indicate the extent of the parent or holding company's or shareholder's financial or other interest, and its extent of management control.
- Provide the information identified in Table 5-2 for the parent or holding company or shareholder.
- Indicate whether and the extent to which the parent or holding company or shareholder will provide guarantees of the obligations of the FM Service Provider.

(c) FM Services Provided for Project

(i) Basic Facilities and Services

Using the format in Table 5-9, confirm the identity of the FM Service Provider that will provide the Basic Facilities and Services, identifying in each case whether they will be provided directly by that FM Service Provider or by a subcontractor to that FM Service Provider.

(ii) Optional Facilities and Services

Using the same format, confirm which (if any) of the Optional Facilities and Services listed in Table 5-9 (and which are described in Appendix 3 of the REOI) are of interest to the Respondent, providing in each case:

- The identity of the FM Service Provider proposed to provide the Optional Facilities and Services identified as of interest, and whether they will be provided directly or subcontracted.
- A description of the benefits which the Respondent believes will accrue to Partnerships BC by having the Respondent provide the item through an FM Service Provider.

If not interested in any of the Optional Facilities and Services, please explain why and describe the conditions, if any, under which some or all would be of interest to the Respondent.

(iii) FM Services Organization Chart

Provide a chart illustrating the organization, as well as the management and contractual structure, for the provision of the FM Services indicated in Table 5-9. Describe and provide details on how these will be provided, managed and supervised in a manner that is seamless and fully integrated.

(d) Proposed Contractors and Subcontractors

For each of the major contractors and subcontractors identified, describe their roles and responsibilities. For those subcontractors who are currently known, give their closest business address to the site and provide details of their qualifications and experience in work comparable to that proposed for them.

4.2 Experience and Qualifications

(a) Prior Working Relationships

If not already provided under Section 1.2(c), identify and describe any previous working relationships between and among the FM Service Provider and the members of the Design Team, and between and among the FM Service Provider and any other Respondent Team Members, in relation to P3 Hospital Projects, Other P3 Projects, and Other Hospital Projects, preferably by reference to projects listed under the responses to Sections 1.2(d) and 1.2(e). If there is more than one FM Service Provider, identify and describe any previous experience and working relationships between or among the FM Service Providers.

(b) Project Experience

Using the format in Table 5-10 summarize the prior direct experience of the FM Service Provider in relevant projects, particularly for P3 hospitals and hospitals generally.

For each listed project, provide such additional details as considered necessary to describe the role, responsibilities and scope of work and services provided.

If not already provided under Section 1.2, provide the qualifications and experience of the FM Service Provider (or subcontractor, as applicable) with the FM Services proposed to be provided by them.

If not already provided elsewhere, describe the FM Service Provider's previous experience on other projects (preferably by reference to the projects listed in Table 5-10) in the following:

- Design and construction of comparable size and type of projects, emphasizing contributions of the FM Service Provider towards making the entire Facility more efficient and cost effective, particularly from the perspective of reducing the annual cost to the public sector for using the Facility over the entire life of the Facility.
- Contribution and input into design and construction features which provide optimal life-cycle efficiency for building components, future flexibility for relocation of rooms and services, expansion of the building and facilities, renovations, etc. to accommodate changes in the delivery of healthcare services and changes in the delivery of FM Services.
- Contribution and input into the design, selection and equipping of the Facility from a total life cycle cost perspective.

Describe how the above experience will be used for this Project, and the extent to which the FM Service Provider will have input into the design, construction and equipping of the Facility.

Describe experience working in a long-term "partnering" relationship with public bodies involved in P3 type projects.

(c) Local Experience/Knowledge

Provide sufficient information to demonstrate the extent, if any, of the FM Service Provider's experience and knowledge of local conditions as they may affect its performance of its role for the Project, including all of the information requested in Section 1.2(f).

Describe how labour relations will be managed for each and all of the FM Services. Identify the labour relations manager that will be used. Attach a current CV for that person. The CV should be focussed, no more than two pages in

length, list relevant projects and include client references (including contact name, position and current telephone and email addresses) for each listed relevant project, with emphasis on experience labour relations and labour practices in the Province of British Columbia. If more than one, identify each labour relations manager and provide the same information for each.

(d) Health & Safety Experience

Provide the following:

- General policy on health and safety at the workplace.
- Allocation of organizational responsibilities for health and safety at the workplace.
- Knowledge, if any, of Workers Compensation rules and regulations in the Province of British Columbia, including Occupational Health and Safety Regulations.

Provide the name and title of the person responsible for the implementation of the FM Service Provider's Health and Safety policy. Attach a current CV for that person. The CV should be focussed, no more than two pages in length, list relevant projects and include client references (including contact name, position and current telephone and email addresses) for each listed relevant project.

Provide the Health and Safety experience record of the FM Service Provider over the last 3 years, including the following:

- Results of safety audits and inspections carried out on comparable activities to this Project (including details of frequency, whether records are kept and who is responsible for any remedial action).
- Whether (and if so, provide brief details) any adverse notices from a relevant governmental or other authority have been served on the FM Service Provider or any of its directors/managers with respect to health and safety or fire safety issues.
- The number of fatal accidents and major injury accidents (requiring immediate notification to the relevant workers compensation board or other Health and Safety enforcing authority) in each of those 3 years, and which have occurred to any one of the following: (a) the organization's employees; (b) employees of subcontractors and subconsultants engaged by or through the FM Service Provider for work on a project; and (c) others (e.g. members of the public).

(e) Employment Policies and Practices

Provide details of the following for the FM Service Provider:

- Existing collective agreements that currently apply to the FM Service Provider.

- Policies, practices and procedures for the hiring, training and supervision of staff, including training and supervision on health and safety matters and, particularly, training and supervision on those matters relating to working in a hospital and cancer treatment environment.
- Other policies, practices and procedures as they relate to employees and the provision of the Basic Facilities and Services, and the Optional Facilities and Services.

Describe the employment policies and practices that will be used for the Project by the reference to the above, and the extent to which the above will be modified and adapted to the Project.

4.3 Key Personnel

Provide the names and positions of the key personnel who will be used by the FM Service Provider for the Project to the extent they are known, identifying for each person (or position) the firm that they are with and their proposed role.

Attach a current CV for each of the key personnel who are identified. CVs should be focussed, no more than two pages in length, list relevant projects and include client references (including contact name, position and current telephone and email addresses) for each listed relevant project.

Provide sufficient information to demonstrate that the key personnel will have sufficient time and resources to allocate to the Project during the various stages of the Project up to Financial Close, and for each phase of the Project following Financial Close.

4.4 Philosophy and Management

Describe the FM Service Provider's philosophy and management practices towards the provision of FM Services that will be implemented for the Project. In particular, describe any innovative approaches to the delivery of FM Services and how, through its organization and staffing deployment, the FM Service Provider will enhance the quality and attain efficiencies and effectiveness in the seamless operation and delivery of FM Services.

Describe how the FM Service Provider will ensure that stable, long-term working relationships are created for the Project, and in particular how the FM Service Provider will:

- Ensure that there will be complete satisfaction with the provision of the FM Services provided.
- Contribute towards and help ensure the Project's Vision and Guiding Principles described in the REOI are met.

4.5 Financial Standing and Resources

Provide sufficient information to demonstrate that the FM Service Provider has sufficient financial standing, capacity and resources to participate in the Project in its proposed role up to Financial Close and, after Financial Close, to carry out and perform the Basic Facilities and Services and, if applicable, the Optional Facilities and Services, all without placing undue financial strains or limitations on the FM Service Provider, including all of the information requested in Section 1.1(c).

Where a guarantee, indemnity or undertaking from a parent company or ultimate holding company is offered, all of the information requested should be provided for the parent company or ultimate holding company (if not already provided).

4.6 Quality Assurance

Describe the Quality Plan that will be implemented by the FM Service Provider to ensure that suitable Quality Control and Quality Assurance is provided for each of the FM Services, to the extent relevant to them. In particular, describe how the FM Service Provider will utilize its prior experience to ensure that those services are provided in a manner that is comparable or superior to that currently provided for hospitals in the Province of British Columbia.

4.7 Litigation/Arbitral Proceedings

Provide a summary of any material non-employment related litigation, or legal, arbitral or other proceedings (which have been commenced or which have been threatened and in all probability will be commenced) over the last five years where the amount claimed or in dispute exceeds CDN$ 2 million, or where the dispute may otherwise affect the FM Service Provider's ability to participate in the Project in the manner proposed in the EOI.

Provide all other information requested in Section 1.2(g).

Confirm that the FM Service Provider is not aware of any active investigations in any jurisdictions which are related to an alleged failure to comply with securities or other financial legislation, or to comply with legislation governing investments or accounting practices.

4.8 Additional Relevant Information

Provide any additional information that the FM Service Provider considers relevant to demonstrate its capability, experience, expertise, capacity and commitment to the Project, and any other characteristics, traits, qualifications and experience that are relevant to the Project, particularly its innovative approach to the provision of FM Services and to excellent long term cooperative working relationships with the public sector.

5. OTHER RESPONDENT TEAM MEMBERS

5.1 Financial Advisor and Legal Advisor

Respondents should identify the Financial Advisor and Legal Advisor that will be used.

For each of the Financial Advisor and Legal Advisor, using the forms in Table 5-1, Table 5-5 and Table 5-11 provide their names and addresses, and the names and addresses of their contact persons, and summarize their relevant qualifications and experience. Also provide, as applicable and relevant, other information comparable to that requested in Sections 2, 3 and 4 for other Respondent Team Members.

5.2 General

Respondents are encouraged to provide information for other prospective Respondent Team Members listed pursuant to Section 1.2(a) in the format specified for Table 5-3, comparable to the information requested in Sections 2, 3 and 4 for other Respondent Team Members.

Such other Respondent Team Members may include any one or more of the following:

- Third Party Investor, to the extent not already included as a Respondent Team Member in Section 1 (complete and provide Table 5-6 for that Third Party Investor).
- Equipment Program Manager.
- IT Provider/Manager/Consultant.

5.3 Name and Address

For each of the other Respondent Team Members, using the format in Table 5-1 confirm the role which they will fulfill and provide the name, address and other contact information for:

- Respondent Team Member.
- Respondent Team Member's Authorized Representative (contact person).

5.4 Legal Status

For each of the additional Respondent Team Members, using the format in Table 5-2 (to the extent that it is applicable), describe the current legal status of the Respondent Team Member in terms of whether it is an existing company, joint venture, partnership, consortium or other entity (describe the type of entity), and provide the information identified in Table 5-2.

For each Respondent Team Member (other than those serving only in an advisory role such as the Financial Advisor or Legal Advisor), if it is a subsidiary of another entity:

- Name the parent or holding company.
- Indicate the extent of financial or other interest, and extent of management control, that exists by the parent or holding company or shareholder.
- Provide the information identified in Table 5-2 for the parent or holding company or shareholder.
- Indicate whether and the extent to which the parent or holding company or shareholder will provide guarantees of the obligations of that Respondent Team Member.

5.5 Experience and Qualifications

For each additional Respondent Team Member who is not serving in an advisory capacity, using the format in Table 5-4, Table 5-8 or Table 5-10 as applicable, describe the relevant experience and qualifications of that Respondent Team Member.

For each additional Respondent Team Member who is an "advisor" and serving in an advisory capacity, using the format in Table 5-11 describe the relevant experience and qualifications of that Respondent Team Member.

TABLE 5-1

FIRM NAME AND AUTHORIZED REPRESENTATIVE

ROLE: _____
(Identify whether Respondent or a specific Respondent Team Member)

Name of Firm:	
Mailing/Courier Address:	
Telephone No.:	
Facsimile No.:	
E-mail address:	
Website address:	

Authorized Representative & Contact Person:	
Employer:	
Mailing/Courier Address:	
Telephone No.:	
Facsimile No.:	
E-mail address:	
Website address:	

TABLE 5-2

LEGAL STATUS

NAME: _____

Type of Entity (type of corporation, partnership, joint venture, etc.):	
Legal Name (incorporation/ registration name):	
Jurisdiction of incorporation/ registration:	
Registration No.:	
Year of incorporation/ registration:	
Registered address:	
Current trading/ business name(s):	
Jurisdictions in Canada where extra-provincially registered:	
Residency for taxation purposes:	
Indicate if a public corporation (if yes, give stock exchange & trading symbol):	
Indicate if a privately held corporation (identify shareholders):	
Indicate if subsidiary (if yes, name parent company(ies)/holding company(ies):	

TABLE 5-3

RESPONDENT TEAM MEMBERS AND REPRESENTATIVES

Respondent Team Member or Role	Respondent Team Member (Company/Firm Name)	Primary Representative
Design Team:		
Prime Architect		
Clinical Planner		
Engineer		
Constructor		
FM Service Provider		
Financial Advisor		
Legal Advisor		
Equipment Program Manager		
IT Provider/Manager/Consultant		
Third Party Investor		
Other(s) (please specify)		
Role:		
Proposal Coordinator		
Shareholder representative(s)		

TABLE 5-4

PROJECT EXPERIENCE

Project Name and Client Name	Capital Cost (CDNSm)	Respondent and/or Respondent Team Members involved	Participation in Project (i.e. EOI/ RFP/ Preferred Proponent Stage/Build/Operation/ Cancelled/ Withdrawn and at which stage)	Dates involved	Project Owner Reference (Contact Name, Phone, Fax & E-mail)
A: P3 Healthcare Projects:					
B: Other P3 Projects:					
C: Other Healthcare Projects:					

TABLE 5-5
EXPERIENCE IN FINANCING PROJECTS

Project Name and Client Name	Finance raised (CDN$m)	Role	Respondent and/or Respondent Team Members involved	Name(s) of Lenders	Type of finance (bank/ bond)	Date of Financial Close	References (Contact Name, Phone, Fax & E-mail)
A: P3 Healthcare Projects:							
B: Other P3 Projects:							
C: Other Healthcare Projects:							

TABLE 5-6

RELEVANT EXPERIENCE PROVIDING OR ARRANGING EQUITY FOR P3-TYPE PROJECTS

Project Name	Equity provided (CDNSm)	Type of Investment	Role	Respondent and/or Respondent Team Members involved	Total Value of Project (CDNSm)	Date of Financial Close	References (Contact Name, Phone, Fax & E-mail)
P3 Healthcare Projects:							
Other P3 Projects:							
Other Relevant Projects:							

TABLE 5-7

EQUITY PARTICIPATION BY SHAREHOLDER OR POTENTIAL SHAREHOLDER

Name of Shareholder	Estimated Initial Equity Share of Total Project Funding Requirements	
	CDNSm Equity Stake	% of Total
Confirmed Shareholders:		
Potential Shareholders:		
Senior Debt Funding:		
	$_____	100%

TABLE 5-8

DESIGN TEAM AND CONSTRUCTOR EXPERIENCE

NAME: _____

Project Name and Client Name	Capital Cost (CDNSm)	Status of Project	Role in Project	Dates Involved	Project Owner Reference (Contact Name, Phone, Fax & E-mail)
A: P3 Healthcare Projects:					
B: Other P3 Projects:					
C: Other Healthcare Projects:					

TABLE 5-9

FM SERVICES PROPOSED FOR PROJECT

FM Service (Ref. Appendix 3 of REOI)	Directly Provided	Subcontracted (give name if known)	Not provided
Basic Facilities and Services:			N/A
Plant & Maintenance			N/A
Security			N/A
Housekeeping			N/A
Linen Services			N/A
Food Services			N/A
Transcription			N/A
Material and Logistics/Transportation Functions			N/A
Equipment Supply, Maintenance, Repair and Refresh:			N/A
Outsourced Services			N/A
Medical Equipment			N/A
Furnishings and Office Equipment			N/A
Information Technology and Telecommunications			N/A
Worthington and Cottage Pavilions			N/A

TABLE 5-9 (cont'd)

FM SERVICES PROPOSED FOR PROJECT

FM Service (Ref. Appendix 3 of REOI)	Directly Provided	Subcontracted (give name if known)	Not provided
Optional Facilities and Services:			
Central Processing/Sterilization			
Equipment Supply, Maintenance, Repair and Refresh:			
Major Medical, Diagnostic, General Medical and Minor Medical Equipment			
Excess Developable Lands (New Site)			
Excess Developable Lands (Existing Hospital Site)			
Other (specify):			

TABLE 5-10

FM SERVICE PROVIDER EXPERIENCE

NAME: _____

Project Name and Client Name	Party with whom FM Service Member contracted	Annual Contract Value (CDN$m)	Status of Project	Dates of Involvement	FM Services provided (use descriptions from Table 5-10, and indicate how provided - directly, by subcontract, etc.)
A: P3 Healthcare Projects:					
B: Other P3 Projects:					
C: Other Healthcare Projects:					

TABLE 5-11

EXPERIENCE OF ADVISORS

NAME OF ADVISOR: _____

Project Name and Client Name	Capital Cost (CDN$m)	Status of Project	Dates of Involvement	Services Provided/ Role of Advisor
A: P3 Healthcare Projects:				
B: Other P3 Projects:				
C: Other Healthcare Projects:				